

CMHSP Cost Data by Service Category

Persons with Developmental Disabilities

Fiscal Year 2004-2005

State of Michigan

Monroe									
Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Residential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	0
Health Services		T1000	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	112	432	\$41,833	\$374	\$97	4
Health Services		T1002	Up to 15 min	20	215	\$39,947	\$1,997	\$186	11
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	68	61,485	\$506,605	\$7,450	\$8	904
Supports Coordination/Wrap Facilitation		T1016	15 minutes	136	3,592	\$313,421	\$2,305	\$87	26
Targeted Case Management		T1017	15 minutes	283	4,870	\$298,073	\$1,053	\$61	17
Nursing Home Mental Health Monitoring		T1017	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	42	7,670	\$243,062	\$5,787	\$32	183
Personal Care in Licensed Specialized Residential Setting		T1020	Days	26	5,218	\$325,029	\$12,501	\$62	201
Personal Care in Licensed Specialized Residential Setting		T1020	Days	44	12,755	\$1,817,194	\$41,300	\$142	290
Assessments		T1023	Encounter	27	38	\$5,832	\$216	\$153	1
Enhanced Medical Supplies or Pharmacy		T1999	Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	2	4	\$3,494	\$1,747	\$874	2
Out of Home Prevocational Service		T2015	Hour	79	36,272	\$7,506	\$95	\$0	459
Targeted Case Management (Children's Waiver)		T2023	Month	4	10	\$106	\$26	\$11	3
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				0	0	\$0	\$0	\$0	0
Other				0	0	\$0	\$0	\$0	0
Total Population and Cost				388		\$12,196,787			

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State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	1	233	\$50,656	\$50,656	\$217	233
Local Psychiatric Hospital/TMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	1	6	\$3,708	\$3,708	\$618	6
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	3	14	\$8,127	\$2,709	\$581	5
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Ther/Proph/Diag ING, SC/IM - Children's Waiver		90772		0	0	\$0	\$0	\$0	0
Medication Administration		90782	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801	Encounter	18	18	\$6,800	\$378	\$378	1
Assessment-Psychiatric Assessment		90802	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804	Encounter 20-30 Min	4	7	\$830	\$208	\$119	2
Therapy-Individual Therapy		90805	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806	Encounter 45-50 Min	7	32	\$5,107	\$730	\$160	5
Therapy-Individual Therapy		90807	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0

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Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847	Encounter	2	9	\$1,448	\$724	\$161	5
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	52	192	\$23,808	\$458	\$124	4
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626	First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627	Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	16	64	\$10,034	\$627	\$157	4
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101		0	0	\$0	\$0	\$0	0
Psychological Testing by Technician (Children's Waiver)		96102		0	0	\$0	\$0	\$0	0
Psychological Testing by Comp (Children's Waiver)		96103		0	0	\$0	\$0	\$0	0
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118		0	0	\$0	\$0	\$0	0
Neuropsych test by Tech (Children's Waiver)		96119		0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp (Children's Waiver)		96120		0	0	\$0	\$0	\$0	0
Physical Therapy		97001	Encounter	0	0	\$0	\$0	\$0	0

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Physical Therapy		97002	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003	Encounter	5	5	\$904	\$181	\$181	1
Occupational Therapy		97004	Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	1	2	\$244	\$244	\$122	2
Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761	15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762		0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802	15 Minutes	3	35	\$678	\$226	\$19	12
Assessment or Health Services		97803	15 Minutes	16	79	\$3,642	\$228	\$46	5
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0

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Additional Codes-Physician Services		99252	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		0	0	\$0	\$0	\$0	0
Transportation		A0130		0	0	\$0	\$0	\$0	0
Transportation		A0140		0	0	\$0	\$0	\$0	0
Transportation		A0170		0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428		0	0	\$0	\$0	\$0	0
General dental services		D0150		0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Peridental, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340	15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	0	0	\$0	\$0	\$0	0
Activity Therapy (Children's Waiver)		G0176	Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		0	0	\$0	\$0	\$0	0
Assessment		H0002	Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018	Days	0	0	\$0	\$0	\$0	0

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Prevention Services - Direct Model		H0025	Face to Face Contact	7	13	\$2,462	\$352	\$189	2
Assessment		H0031	Encounter	65	72	\$29,524	\$454	\$410	1
Treatment Planning		H0032	Encounter	63	409	\$29,376	\$466	\$72	6
Health Services		H0034	15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036	15 Minutes	6	4,500	\$91,991	\$15,332	\$20	750
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000	Encounter	44	83	\$14,162	\$322	\$171	2
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	36	176	\$9,258	\$257	\$53	5
Skill-Building and Out of Home Non Vocational Habilitation		H2014	15 minutes	11	31,938	\$98,157	\$8,923	\$3	2,903
Community Living Supports (15 Minutes)		H2015	15 Minutes	4	41,108	\$483,415	\$120,854	\$12	10,277
Community Living Supports (Daily)		H2016	Per Diem	24	6,053	\$98,948	\$4,123	\$16	252
Community Living Supports (Daily)		H2016	Per Diem	5	1,739	\$83,844	\$16,769	\$48	348
Community Living Supports (Daily)		H2016	Per Diem	21	6,374	\$651,881	\$31,042	\$102	304
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	17	25,851	\$48,785	\$2,870	\$2	1,521
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	7	9,099	\$57,193	\$8,170	\$6	1,300
Medication Review		M0064	Encounter Face-to-Face	19	52	\$1,221	\$64	\$23	3
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	34	96	\$19,731	\$580	\$206	3
Home Care Training, Non-Family (Children's Waiver)		S5116	Encounter	0	0	\$0	\$0	\$0	0
Chore Services		S5120	15 Minutes	0	0	\$0	\$0	\$0	0
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151	Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199	Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124	Hour	0	0	\$0	\$0	\$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470	Encounter	8	13	\$1,103	\$138	\$85	2
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Persons with Developmental Disabilities

Fiscal Year 2004-2005

State of Michigan

Montcalm Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Residential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	0
Health Services		T1000	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	22	31	\$13,590	\$618	\$438	1
Health Services		T1002	Up to 15 min	19	452	\$36,406	\$1,916	\$81	24
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	45	35,303	\$181,463	\$4,033	\$5	785
Supports Coordination/Wrap Facilitation		T1016	15 minutes	138	3,200	\$202,584	\$1,468	\$63	23
Targeted Case Management		T1017	15 minutes	65	1,302	\$92,799	\$1,428	\$71	20
Nursing Home Mental Health Monitoring		T1017	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	39	10,106	\$161,354	\$4,137	\$16	259
Personal Care in Licensed Specialized Residential Setting		T1020	Days	7	2,072	\$102,626	\$14,661	\$50	296
Personal Care in Licensed Specialized Residential Setting		T1020	Days	7	1,988	\$144,687	\$20,670	\$73	284
Assessments		T1023	Encounter	10	14	\$5,520	\$552	\$394	1
Enhanced Medical Supplies or Pharmacy		T1999	Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	25	3,653	\$56,851	\$2,274	\$16	146
Transportation		T2004		2	39	\$132	\$66	\$3	20
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015	Hour	11	10,491	\$119,481	\$10,862	\$11	954
Targeted Case Management (Children's Waiver)		T2023	Month	1	2	\$542	\$542	\$271	2
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				0	0	\$0	\$0	\$0	0
Other				0	0	\$0	\$0	\$0	0
Total Population and Cost				178		\$2,955,072			

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State of Michigan

Muskegon Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	11	2,364	\$268,370	\$24,397	\$114	215
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	1	5	\$1,732	\$1,732	\$346	5
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	7	37	\$14,120	\$2,017	\$382	5
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Ther/Proph/Diag ING, SC/IM - Children's Waiver		90772		0	0	\$0	\$0	\$0	0
Medication Administration	90782		Encounter	4	16	\$413	\$103	\$26	4
Medication Administration	90788		Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment	90801		Encounter	97	108	\$30,242	\$312	\$280	1
Assessment-Psychiatric Assessment	90802		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy	90804		Encounter 20-30 Min	40	138	\$23,989	\$600	\$174	3
Therapy-Individual Therapy	90805		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy	90806		Encounter 45-50 Min	49	219	\$54,734	\$1,117	\$250	4
Therapy-Individual Therapy	90807		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy	90808		Encounter 75-80 Min	16	32	\$10,765	\$673	\$336	2
Therapy-Individual Therapy	90809		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy	90810		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0

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State of Michigan

Muskegon									
Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847	Encounter	2	10	\$764	\$382	\$76	5
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	2	11	\$388	\$194	\$35	6
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	233	696	\$48,575	\$208	\$70	3
Additional Codes-ECT Physician		90870	Encounter	1	1	\$29	\$29	\$29	1
Assessments-Other		90887	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506	Encounter	70	153	\$60,026	\$858	\$392	2
Speech & Language Therapy		92507	Encounter	6	9	\$3,029	\$505	\$337	2
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626	First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627	Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	19	35	\$6,397	\$337	\$183	2
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101		0	0	\$0	\$0	\$0	0
Psychological Testing by Technician (Children's Waiver)		96102		0	0	\$0	\$0	\$0	0
Psychological Testing by Comp (Children's Waiver)		96103		0	0	\$0	\$0	\$0	0
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118		0	0	\$0	\$0	\$0	0
Neuropsych test by Tech (Children's Waiver)		96119		0	0	\$0	\$0	\$0	0
Neuropsych test Admin. w/Comp (Children's Waiver)		96120		0	0	\$0	\$0	\$0	0
Physical Therapy		97001	Encounter	4	5	\$1,133	\$283	\$227	1

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State of Michigan

Muskegon

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Physical Therapy		97002	Encounter	64	67	\$21,308	\$333	\$318	1
Occupational Therapy		97003	Encounter	14	15	\$4,473	\$319	\$298	1
Occupational Therapy		97004	Encounter	253	274	\$67,511	\$267	\$246	1
Occupational or Physical Therapy		97110	15 Minutes	48	1,109	\$119,368	\$2,487	\$108	23
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	7	335	\$42,644	\$6,092	\$127	48
Occupational or Physical Therapy		97124	15 Minutes	7	246	\$26,370	\$3,767	\$107	35
Occupational or Physical Therapy		97140	15 Minutes	1	328	\$34,434	\$34,434	\$105	328
Occupational or Physical Therapy		97150	Encounter	5	41	\$12,528	\$2,506	\$306	8
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	34	303	\$46,687	\$1,373	\$154	9
Occupational or Physical Therapy		97532	15 Minutes	1	5	\$787	\$787	\$157	5
Occupational or Physical Therapy		97533	15 Minutes	10	212	\$32,876	\$3,288	\$155	21
Occupational or Physical Therapy		97535	15 Minutes	81	454	\$76,527	\$945	\$169	6
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	83	859	\$144,825	\$1,745	\$169	10
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761	15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762		0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803	15 Minutes	1	9	\$708	\$708	\$79	9
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	33	33	\$13,385	\$406	\$406	1
Additional Codes-Physician Services		99215	Encounter	1	1	\$85	\$85	\$85	1
Additional Codes-Physician Services		99221		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0

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Muskegon	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category									
Additional Codes-Physician Services		99252	Encounter	1	1	\$181	\$181	\$181	1
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	1	13	\$1,709	\$1,709	\$131	13
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		0	0	\$0	\$0	\$0	0
Transportation		A0130		0	0	\$0	\$0	\$0	0
Transportation		A0140		0	0	\$0	\$0	\$0	0
Transportation		A0170		0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428		0	0	\$0	\$0	\$0	0
General dental services		D0150		0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220		2	2	\$14	\$7	\$7	1
Intraoral periapical		D0230		2	2	\$8	\$4	\$4	1
Bite wings		D0274		2	2	\$51	\$25	\$25	1
Prophylaxis Adult		D1110		3	3	\$114	\$38	\$38	1
Resin based comp-one surface, ant		D2330		3	5	\$276	\$92	\$55	2
Resin based comp-two surfaces, ant		D2331		1	1	\$75	\$75	\$75	1
Resin based comp-three surfaces, an		D2332		1	4	\$271	\$271	\$68	4
Resin based comp-one surface, post		D2391		2	3	\$190	\$95	\$63	2
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		1	1	\$106	\$106	\$106	1
Crown, porc, fused to high		D2750		1	4	\$2,653	\$2,653	\$663	4
Peridontal, main		D4910		71	121	\$8,320	\$117	\$69	2
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		61	102	\$4,060	\$67	\$40	2
Repair or Non-Routine Service for DME (Children's Waiver)		E1340	15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	1	1	\$2,106	\$2,106	\$2,106	1
Activity Therapy (Children's Waiver)		G0176	Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		0	0	\$0	\$0	\$0	0
Assessment		H0002	Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018	Days	0	0	\$0	\$0	\$0	0

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Muskegon									
Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Prevention Services - Direct Model		H0025	Face to Face Contact	22	309	\$6,300	\$286	\$20	14
Assessment		H0031	Encounter	2	3	\$438	\$219	\$146	2
Treatment Planning		H0032	Encounter	291	2,331	\$479,846	\$1,649	\$206	8
Health Services		H0034	15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036	15 Minutes	0	0	\$0	\$0	\$0	0
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000	Encounter	105	320	\$16,652	\$159	\$52	3
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	16	69	\$3,343	\$209	\$48	4
Skill-Building and Out of Home Non Vocational Habilitation		H2014	15 minutes	317	1,063,712	\$2,334,758	\$7,365	\$2	3,356
Community Living Supports (15 Minutes)		H2015	15 Minutes	262	533,587	\$2,818,524	\$10,758	\$5	2,037
Community Living Supports (Daily)		H2016	Per Diem	62	11,459	\$302,922	\$4,886	\$26	185
Community Living Supports (Daily)		H2016	Per Diem	28	5,918	\$209,790	\$7,492	\$35	211
Community Living Supports (Daily)		H2016	Per Diem	198	50,428	\$2,824,023	\$14,263	\$56	255
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	78	86,690	\$146,732	\$1,881	\$2	1,111
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	2	30	\$76	\$38	\$3	15
Medication Review		M0064	Encounter Face-to-Face	0	0	\$0	\$0	\$0	0
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	0	0	\$0	\$0	\$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116	Encounter	5	58	\$4,229	\$846	\$73	12
Chore Services		S5120	15 Minutes	0	0	\$0	\$0	\$0	0
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	293	464,574	\$221,041	\$754	\$0	1,586
Respite		S5151	Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199	Items	64	113	\$13,649	\$213	\$121	2
Occupational or Physical Therapy		S8990	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123	Hour	1	1,173	\$20,677	\$20,677	\$18	1,173
Private Duty Nursing	0582	S9124	Hour	1	3,077	\$49,299	\$49,299	\$16	3,077
Respite Care in the Home (RN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470	Encounter	4	9	\$217	\$54	\$26	2
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	0	0	\$0	\$0	\$0	0

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Muskegon

Service Category	Revenue Code	HCPSC Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Residential Room and Board		S9976	Days	220	67,702	\$912,964	\$4,150	\$13	308
Health Services		T1000	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	8	8	\$285	\$36	\$36	1
Health Services		T1002	Up to 15 min	370	5,955	\$1,129,930	\$3,054	\$190	16
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	24	28,918	\$107,441	\$4,477	\$4	1,205
Supports Coordination/Wrap Facilitation		T1016	15 minutes	868	23,272	\$3,386,062	\$3,901	\$145	27
Targeted Case Management		T1017	15 minutes	13	71	\$9,291	\$715	\$131	5
Nursing Home Mental Health Monitoring		T1017	15 minutes	6	8	\$1,046	\$174	\$131	1
Personal Care in Licensed Specialized Residential Setting		T1020	Days	119	28,264	\$284,259	\$2,389	\$10	238
Personal Care in Licensed Specialized Residential Setting		T1020	Days	89	18,303	\$644,385	\$7,240	\$35	206
Personal Care in Licensed Specialized Residential Setting		T1020	Days	190	21,220	\$1,334,477	\$7,024	\$63	112
Assessments		T1023	Encounter	6	9	\$4,931	\$822	\$548	2
Enhanced Medical Supplies or Pharmacy		T1999	Items	40	866	\$4,039	\$101	\$5	22
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	149	48,678	\$177,459	\$1,191	\$4	327
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	16	64	\$5,893	\$368	\$92	4
Out of Home Prevocational Service		T2015	Hour	17	22,087	\$75,156	\$4,421	\$3	1,299
Targeted Case Management (Children's Waiver)		T2023	Month	6	39	\$13,332	\$2,222	\$342	7
Enhanced Medical Equipment-Supplies		T2028	Items	1	1	\$28	\$28	\$28	1
Enhanced Medical Equipment-Supplies		T2029	Items	7	7	\$611	\$87	\$87	1
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	18	25	\$9,590	\$533	\$384	1
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				6	0	\$376	\$63	\$0	0
Other				3	0	\$314	\$105	\$0	0
Total Population and Cost				935		\$18,743,740			

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Service Category	Revenue Code	HCPSC Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	4	622	\$332,992	\$83,248	\$535	156
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	6	1,789	\$400,283	\$66,714	\$224	298
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Ther/Proph/Diag ING, SC/IM - Children's Waiver		90772		0	0	\$0	\$0	\$0	0
Medication Administration	90782		Encounter	6	13	\$1,084	\$181	\$83	2
Medication Administration	90788		Encounter	1	1	\$83	\$83	\$83	1
Assessment-Psychiatric Assessment	90801		Encounter	39	39	\$6,749	\$173	\$173	1
Assessment-Psychiatric Assessment	90802		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy	90804		Encounter 20-30 Min	103	1,039	\$107,775	\$1,046	\$104	10
Therapy-Individual Therapy	90805		Encounter 20-30 Min	1	3	\$170	\$170	\$57	3
Therapy-Individual Therapy	90806		Encounter 45-50 Min	73	641	\$69,088	\$946	\$108	9
Therapy-Individual Therapy	90807		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy	90808		Encounter 75-80 Min	58	241	\$22,629	\$390	\$94	4
Therapy-Individual Therapy	90809		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy	90810		Encounter 20-30 Min	3	6	\$646	\$215	\$108	2

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Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812	Encounter 45-50 Min	1	2	\$200	\$200	\$100	2
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	38	300	\$13,890	\$366	\$46	8
Therapy-Group Therapy		90857	Encounter	8	92	\$3,467	\$433	\$38	12
Medication Review		90862	Encounter	627	1,973	\$165,730	\$264	\$84	3
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506	Encounter	3	3	\$555	\$185	\$185	1
Speech & Language Therapy		92507	Encounter	18	30	\$5,628	\$313	\$188	2
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	2	2	\$493	\$247	\$247	1
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626	First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627	Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation, Post-Lingual Hearing Loss (Children's Waiver)		92633		0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	63	114	\$8,855	\$141	\$78	2
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101		0	0	\$0	\$0	\$0	0
Psychological Testing by Technician (Children's Waiver)		96102		0	0	\$0	\$0	\$0	0
Psychological Testing by Comp (Children's Waiver)		96103		0	0	\$0	\$0	\$0	0
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111	Encounter	3	3	\$564	\$188	\$188	1
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118		0	0	\$0	\$0	\$0	0
Neuropsych test by Tech (Children's Waiver)		96119		0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp (Children's Waiver)		96120		0	0	\$0	\$0	\$0	0
Physical Therapy		97001	Encounter	0	0	\$0	\$0	\$0	0

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Physical Therapy		97002	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003	Encounter	41	60	\$21,073	\$514	\$351	1
Occupational Therapy		97004	Encounter	30	41	\$5,907	\$197	\$144	1
Occupational or Physical Therapy		97110	15 Minutes	5	15	\$228	\$46	\$15	3
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124	15 Minutes	1	1	\$25	\$25	\$25	1
Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533	15 Minutes	1	6	\$120	\$120	\$20	6
Occupational or Physical Therapy		97535	15 Minutes	1	2	\$20	\$20	\$10	2
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761	15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762		0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802	15 Minutes	152	794	\$18,039	\$119	\$23	5
Assessment or Health Services		97803	15 Minutes	74	564	\$15,878	\$215	\$28	8
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0

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Additional Codes-Physician Services		99252	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	9	40	\$3,603	\$400	\$90	4
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		0	0	\$0	\$0	\$0	0
Transportation		A0130		0	0	\$0	\$0	\$0	0
Transportation		A0140		0	0	\$0	\$0	\$0	0
Transportation		A0170		0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428		0	0	\$0	\$0	\$0	0
General dental services		D0150		0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Peridental, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340	15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	0	0	\$0	\$0	\$0	0
Activity Therapy (Children's Waiver)		G0176	Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		0	0	\$0	\$0	\$0	0
Assessment		H0002	Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018	Days	0	0	\$0	\$0	\$0	0

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Network180 Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Prevention Services - Direct Model		H0025	Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031	Encounter	285	727	\$80,150	\$281	\$110	3
Treatment Planning		H0032	Encounter	161	207	\$14,337	\$89	\$69	1
Health Services		H0034	15 Minutes	104	174	\$7,983	\$77	\$46	2
Home Based Services		H0036	15 Minutes	0	0	\$0	\$0	\$0	0
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	4	109	\$20,000	\$5,000	\$183	27
Peer Directed and Operated Support Services		NA		0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043	Per diem	51	4,306	\$494,796	\$9,702	\$115	84
Respite		H0045	Per Diem	8	63	\$2,384	\$298	\$38	8
Behavior Management Review		H2000	Encounter	169	268	\$23,317	\$138	\$87	2
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	0	0	\$0	\$0	\$0	0
Skill-Building and Out of Home Non Vocational Habilitation		H2014	15 minutes	686	2,457,665	\$5,545,445	\$8,084	\$2	3,583
Community Living Supports (15 Minutes)		H2015	15 Minutes	115	261,662	\$1,725,422	\$15,004	\$7	2,275
Community Living Supports (Daily)		H2016	Per Diem	181	50,324	\$1,403,367	\$7,753	\$28	278
Community Living Supports (Daily)		H2016	Per Diem	92	20,058	\$902,835	\$9,813	\$45	218
Community Living Supports (Daily)		H2016	Per Diem	328	98,995	\$9,570,946	\$29,180	\$97	302
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	373	526,057	\$1,320,257	\$3,540	\$3	1,410
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	3	8,594	\$11,480	\$3,827	\$1	2,865
Medication Review		M0064	Encounter Face-to-Face	2	2	\$124	\$62	\$62	1
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	161	2,307	\$731,433	\$4,543	\$317	14
Home Care Training, Non-Family (Children's Waiver)		S5116	Encounter	0	0	\$0	\$0	\$0	0
Chore Services		S5120	15 Minutes	0	0	\$0	\$0	\$0	0
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	369	280,660	\$540,717	\$1,465	\$2	761
Respite		S5151	Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199	Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124	Hour	0	0	\$0	\$0	\$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	2	8	\$877	\$439	\$110	4
Health Services		S9446	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470	Encounter	38	42	\$4,770	\$126	\$114	1
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Persons with Developmental Disabilities

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State of Michigan

Network180

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Reidential Room and Board		S9976	Days	0	0	\$26,400	\$0	\$0	0
Health Services		T1000	Up to 15 min	4	43,981	\$363,552	\$90,888	\$8	10,995
Assessment		T1001	Encounter	539	1,237	\$78,243	\$145	\$63	2
Health Services		T1002	Up to 15 min	468	4,962	\$228,913	\$489	\$46	11
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	16	8,737	\$55,107	\$3,444	\$6	546
Supports Coordination/Wrap Facilitation		T1016	15 minutes	1,594	83,750	\$3,448,885	\$2,164	\$41	53
Targeted Case Management		T1017	15 minutes	2	25	\$972	\$486	\$39	13
Nursing Home Mental Health Monitoring		T1017	15 minutes	52	3,538	\$144,928	\$2,787	\$41	68
Personal Care in Licensed Specialized Residential Setting		T1020	Days	205	58,181	\$1,564,820	\$7,633	\$27	284
Personal Care in Licensed Specialized Residential Setting		T1020	Days	309	89,233	\$4,766,880	\$15,427	\$53	289
Personal Care in Licensed Specialized Residential Setting		T1020	Days	80	20,992	\$2,136,183	\$26,702	\$102	262
Assessments		T1023	Encounter	93	233	\$32,373	\$348	\$139	3
Enhanced Medical Supplies or Pharmacy		T1999	Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	0	0	\$76,247	\$0	\$0	0
Out of Home Prevocational Service		T2015	Hour	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				0	0	\$0	\$0	\$0	0
Other				0	0	\$352,756	\$0	\$0	0
Total Population and Cost				2,010		\$36,882,673			

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Persons with Developmental Disabilities
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State of Michigan
Newaygo

Service Category	Revenue Code	HCPSC Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	1	9	\$6,942	\$6,942	\$771	9
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Ther/Proph/Diag ING, SC/IM - Children's Waiver		90772		0	0	\$0	\$0	\$0	0
Medication Administration		90782	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801	Encounter	26	28	\$3,884	\$149	\$139	1
Assessment-Psychiatric Assessment		90802	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804	Encounter 20-30 Min	4	10	\$554	\$139	\$55	3
Therapy-Individual Therapy		90805	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806	Encounter 45-50 Min	6	22	\$2,459	\$410	\$112	4
Therapy-Individual Therapy		90807	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808	Encounter 75-80 Min	2	2	\$509	\$255	\$255	1
Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0

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Service Category	Revenue Code	HCPDS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812	Encounter 45-50 Min	1	1	\$118	\$118	\$118	1
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847	Encounter	4	14	\$1,574	\$394	\$112	4
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90857	Encounter	18	32	\$4,371	\$243	\$137	2
Medication Review		90862	Encounter	33	153	\$17,863	\$541	\$117	5
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506	Encounter	13	14	\$791	\$61	\$57	1
Speech & Language Therapy		92507	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626	First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627	Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation, Post-Lingual Hearing Loss (Children's Waiver)		92633		0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	32	116	\$10,626	\$332	\$92	4
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101		0	0	\$0	\$0	\$0	0
Psychological Testing by Technician (Children's Waiver)		96102		0	0	\$0	\$0	\$0	0
Psychological Testing by Comp (Children's Waiver)		96103		0	0	\$0	\$0	\$0	0
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118		0	0	\$0	\$0	\$0	0
Neuropsych test by Tech (Children's Waiver)		96119		0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp (Children's Waiver)		96120		0	0	\$0	\$0	\$0	0
Physical Therapy		97001	Encounter	0	0	\$0	\$0	\$0	0

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Physical Therapy		97002	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003	Encounter	1	1	\$98	\$98	\$98	1
Occupational Therapy		97004	Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533	15 Minutes	1	360	\$5,889	\$5,889	\$16	360
Occupational or Physical Therapy		97535	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761	15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762		0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0

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Additional Codes-Physician Services		99252	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		0	0	\$0	\$0	\$0	0
Transportation		A0130		0	0	\$0	\$0	\$0	0
Transportation		A0140		0	0	\$0	\$0	\$0	0
Transportation		A0170		0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428		0	0	\$0	\$0	\$0	0
General dental services		D0150		0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Peridontal, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340	15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	0	0	\$0	\$0	\$0	0
Activity Therapy (Children's Waiver)		G0176	Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		0	0	\$0	\$0	\$0	0
Assessment		H0002	Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018	Days	0	0	\$0	\$0	\$0	0

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Prevention Services - Direct Model		H0025	Face to Face Contact	8	13	\$2,486	\$311	\$191	2
Assessment		H0031	Encounter	59	76	\$8,606	\$146	\$113	1
Treatment Planning		H0032	Encounter	28	31	\$3,910	\$140	\$126	1
Health Services		H0034	15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036	15 Minutes	0	0	\$0	\$0	\$0	0
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000	Encounter	32	43	\$1,619	\$51	\$38	1
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	1	5	\$279	\$279	\$56	5
Skill-Building and Out of Home Non Vocational Habilitation		H2014	15 minutes	11	835	\$24,650	\$2,241	\$30	76
Community Living Supports (15 Minutes)		H2015	15 Minutes	4	20,849	\$119,733	\$29,933	\$6	5,212
Community Living Supports (Daily)		H2016	Per Diem	13	3,915	\$114,055	\$8,773	\$29	301
Community Living Supports (Daily)		H2016	Per Diem	7	2,054	\$97,433	\$13,919	\$47	293
Community Living Supports (Daily)		H2016	Per Diem	20	7,182	\$671,125	\$33,556	\$93	359
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	39	37,827	\$222,469	\$5,704	\$6	970
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064	Encounter Face-to-Face	0	0	\$0	\$0	\$0	0
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	10	37	\$8,085	\$809	\$219	4
Home Care Training, Non-Family (Children's Waiver)		S5116	Encounter	2	14	\$553	\$277	\$40	7
Chore Services		S5120	15 Minutes	0	0	\$0	\$0	\$0	0
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	39	45,943	\$54,564	\$1,399	\$1	1,178
Respite		S5151	Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199	Items	1	2	\$924	\$924	\$462	2
Occupational or Physical Therapy		S8990	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124	Hour	0	0	\$0	\$0	\$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470	Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	1	1	\$87	\$87	\$87	1

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Residential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	0
Health Services		T1000	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	0	0	\$0	\$0	\$0	0
Health Services		T1002	Up to 15 min	50	618	\$25,256	\$505	\$41	12
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	6	23,513	\$53,724	\$8,954	\$2	3,919
Supports Coordination/Wrap Facilitation		T1016	15 minutes	27	1,310	\$69,085	\$2,559	\$53	49
Targeted Case Management		T1017	15 minutes	117	4,010	\$252,300	\$2,156	\$63	34
Nursing Home Mental Health Monitoring		T1017	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	21	6,674	\$37,675	\$1,794	\$6	318
Personal Care in Licensed Specialized Residential Setting		T1020	Days	4	1,460	\$95,704	\$23,926	\$66	365
Personal Care in Licensed Specialized Residential Setting		T1020	Days	15	5,017	\$460,421	\$30,695	\$92	334
Assessments		T1023	Encounter	4	13	\$169	\$42	\$13	3
Enhanced Medical Supplies or Pharmacy		T1999	Items	1	1	\$108	\$108	\$108	1
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015	Hour	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023	Month	2	20	\$6,763	\$3,382	\$338	10
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				0	0	\$0	\$0	\$0	0
Other				0	0	\$0	\$0	\$0	0
Total Population and Cost				158		\$2,387,461			

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State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/TMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	1	8	\$4,786	\$4,786	\$598	8
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	5	29	\$17,348	\$3,470	\$598	6
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Ther/Proph/Diag ING, SC/IM - Children's Waiver		90772		0	0	\$0	\$0	\$0	0
Medication Administration		90782	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801	Encounter	36	36	\$11,321	\$314	\$314	1
Assessment-Psychiatric Assessment		90802	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804	Encounter 20-30 Min	14	33	\$2,517	\$180	\$76	2
Therapy-Individual Therapy		90805	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806	Encounter 45-50 Min	28	80	\$11,432	\$408	\$143	3
Therapy-Individual Therapy		90807	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808	Encounter 75-80 Min	5	6	\$1,250	\$250	\$208	1
Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810	Encounter 20-30 Min	2	2	\$136	\$68	\$68	1

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Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812	Encounter 45-50 Min	4	38	\$4,295	\$1,074	\$113	10
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	1	2	\$135	\$135	\$68	2
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	1	7	\$1,571	\$1,571	\$224	7
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	2	4	\$441	\$221	\$110	2
Therapy-Family Therapy		90847	Encounter	7	65	\$9,029	\$1,290	\$139	9
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	186	701	\$69,277	\$372	\$99	4
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506	Encounter	14	16	\$3,102	\$222	\$194	1
Speech & Language Therapy		92507	Encounter	15	90	\$10,599	\$707	\$118	6
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	3	12	\$1,871	\$624	\$156	4
Speech & Language Therapy		92610	Encounter	9	12	\$2,509	\$279	\$209	1
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626	First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627	Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	25	84	\$15,529	\$621	\$185	3
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101		0	0	\$0	\$0	\$0	0
Psychological Testing by Technician (Children's Waiver)		96102		0	0	\$0	\$0	\$0	0
Psychological Testing by Comp (Children's Waiver)		96103		0	0	\$0	\$0	\$0	0
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118		0	0	\$0	\$0	\$0	0
Neuropsych test by Tech (Children's Waiver)		96119		0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp (Children's Waiver)		96120		0	0	\$0	\$0	\$0	0
Physical Therapy		97001	Encounter	50	55	\$9,459	\$189	\$172	1

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Physical Therapy		97002	Encounter	5	6	\$392	\$78	\$65	1
Occupational Therapy		97003	Encounter	39	41	\$11,806	\$303	\$288	1
Occupational Therapy		97004	Encounter	43	57	\$12,456	\$290	\$219	1
Occupational or Physical Therapy		97110	15 Minutes	7	15	\$625	\$89	\$42	2
Occupational or Physical Therapy		97112	15 Minutes	1	2	\$86	\$86	\$43	2
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	2	6	\$267	\$134	\$45	3
Occupational or Physical Therapy		97124	15 Minutes	1	112	\$2,882	\$2,882	\$26	112
Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	4	9	\$379	\$95	\$42	2
Occupational or Physical Therapy		97532	15 Minutes	3	6	\$217	\$72	\$36	2
Occupational or Physical Therapy		97533	15 Minutes	11	27	\$1,183	\$108	\$44	2
Occupational or Physical Therapy		97535	15 Minutes	30	210	\$8,312	\$277	\$40	7
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	11	37	\$1,583	\$144	\$43	3
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761	15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762		0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802	15 Minutes	9	48	\$2,136	\$237	\$45	5
Assessment or Health Services		97803	15 Minutes	12	28	\$1,468	\$122	\$52	2
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0

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North Country Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99252	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		0	0	\$0	\$0	\$0	0
Transportation		A0130		0	0	\$0	\$0	\$0	0
Transportation		A0140		0	0	\$0	\$0	\$0	0
Transportation		A0170		0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428		0	0	\$0	\$0	\$0	0
General dental services		D0150		0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Peridental, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340	15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	0	0	\$0	\$0	\$0	0
Activity Therapy (Children's Waiver)		G0176	Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		0	0	\$0	\$0	\$0	0
Assessment		H0002	Encounter	3	3	\$431	\$144	\$144	1
Crisis Residential Services		H0018	Days	4	29	\$10,541	\$2,635	\$363	7

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North Country Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Prevention Services - Direct Model		H0025	Face to Face Contact	26	59	\$20,204	\$777	\$342	2
Assessment		H0031	Encounter	85	222	\$34,509	\$406	\$155	3
Treatment Planning		H0032	Encounter	277	1,389	\$242,655	\$876	\$175	5
Health Services		H0034	15 Minutes	53	144	\$6,999	\$132	\$49	3
Home Based Services		H0036	15 Minutes	2	403	\$21,586	\$10,793	\$54	202
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000	Encounter	77	113	\$9,321	\$121	\$82	1
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	11	58	\$3,404	\$309	\$59	5
Skill-Building and Out of Home Non Vocational Habilitation		H2014	15 minutes	242	552,297	\$1,926,791	\$7,962	\$3	2,282
Community Living Supports (15 Minutes)		H2015	15 Minutes	224	1,356,265	\$3,429,714	\$15,311	\$3	6,055
Community Living Supports (Daily)		H2016	Per Diem	24	8,250	\$152,659	\$6,361	\$19	344
Community Living Supports (Daily)		H2016	Per Diem	21	5,835	\$241,402	\$11,495	\$41	278
Community Living Supports (Daily)		H2016	Per Diem	134	43,832	\$5,835,172	\$43,546	\$133	327
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	6	6,413	\$58,812	\$9,802	\$9	1,069
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	9	23,489	\$89,522	\$9,947	\$4	2,610
Medication Review		M0064	Encounter Face-to-Face	71	97	\$6,388	\$90	\$66	1
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	0	0	\$0	\$0	\$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116	Encounter	0	0	\$0	\$0	\$0	0
Chore Services		S5120	15 Minutes	0	0	\$0	\$0	\$0	0
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	173	112,846	\$121,609	\$703	\$1	652
Respite		S5151	Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	1	12	\$451	\$451	\$38	12
Environmental Modification		S5165	Service	6	6	\$2,321	\$387	\$387	1
Enhanced Medical Equipment-Supplies		S5199	Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124	Hour	0	0	\$0	\$0	\$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	4	28	\$3,824	\$956	\$137	7
Health Services		S9446	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470	Encounter	3	6	\$1,459	\$486	\$243	2
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	0	0	\$0	\$0	\$0	0

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North Country Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Residential Room and Board		S9976	Days	2	14	\$464	\$232	\$33	7
Health Services		T1000	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	192	207	\$40,871	\$213	\$197	1
Health Services		T1002	Up to 15 min	235	564	\$22,216	\$95	\$39	2
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	2	6,130	\$26,529	\$13,265	\$4	3,065
Supports Coordination/Wrap Facilitation		T1016	15 minutes	533	19,579	\$1,340,860	\$2,516	\$68	37
Targeted Case Management		T1017	15 minutes	4	163	\$11,832	\$2,958	\$73	41
Nursing Home Mental Health Monitoring		T1017	15 minutes	2	5	\$156	\$78	\$31	3
Personal Care in Licensed Specialized Residential Setting		T1020	Days	129	40,752	\$497,690	\$3,858	\$12	316
Personal Care in Licensed Specialized Residential Setting		T1020	Days	47	15,704	\$703,765	\$14,974	\$45	334
Personal Care in Licensed Specialized Residential Setting		T1020	Days	4	1,460	\$92,665	\$23,166	\$63	365
Assessments		T1023	Encounter	9	11	\$1,682	\$187	\$153	1
Enhanced Medical Supplies or Pharmacy		T1999	Items	30	252	\$6,988	\$233	\$28	8
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	2	100	\$946	\$473	\$9	50
Transportation		T2003	Encounter / Trip	1	36	\$345	\$345	\$10	36
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015	Hour	9	1,273	\$16,271	\$1,808	\$13	141
Targeted Case Management (Children's Waiver)		T2023	Month	1	8	\$3,342	\$3,342	\$418	8
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039	Items	3	3	\$7,891	\$2,630	\$2,630	1
Pharmacy (Drugs and Other Biologicals)				0	0	\$0	\$0	\$0	0
Other				0	0	\$0	\$0	\$0	0
Total Population and Cost				821		\$15,214,686			

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Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	3	570	\$147,010	\$49,003	\$258	190
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Ther/Proph/Diag ING, SC/IM - Children's Waiver		90772		0	0	\$0	\$0	\$0	0
Medication Administration		90782	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801	Encounter	20	20	\$5,407	\$270	\$270	1
Assessment-Psychiatric Assessment		90802	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804	Encounter 20-30 Min	1	1	\$42	\$42	\$42	1
Therapy-Individual Therapy		90805	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806	Encounter 45-50 Min	2	8	\$590	\$295	\$74	4
Therapy-Individual Therapy		90807	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0

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Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	81	268	\$28,185	\$348	\$105	3
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	1	52	\$4,718	\$4,718	\$91	52
Speech & Language Therapy		92506	Encounter	5	5	\$767	\$153	\$153	1
Speech & Language Therapy		92507	Encounter	4	32	\$5,437	\$1,359	\$170	8
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	2	7	\$617	\$309	\$88	4
Speech & Language Therapy		92610	Encounter	1	1	\$106	\$106	\$106	1
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626	First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627	Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	31	101	\$20,199	\$652	\$200	3
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101		0	0	\$0	\$0	\$0	0
Psychological Testing by Technician (Children's Waiver)		96102		0	0	\$0	\$0	\$0	0
Psychological Testing by Comp (Children's Waiver)		96103		0	0	\$0	\$0	\$0	0
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	3	13	\$611	\$204	\$47	4
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Hour	1	4	\$207	\$207	\$52	4
Neurobehavioral Status Exam (Children's Waiver)		96116		0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118		0	0	\$0	\$0	\$0	0
Neuropsych test by Tech (Children's Waiver)		96119		0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp (Children's Waiver)		96120		0	0	\$0	\$0	\$0	0
Physical Therapy		97001	Encounter	1	1	\$190	\$190	\$190	1

CMHSP Cost Data by Service Category

Persons with Developmental Disabilities

Fiscal Year 2004-2005

State of Michigan

Northeast Michigan

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Physical Therapy		97002	Encounter	1	7	\$892	\$892	\$127	7
Occupational Therapy		97003	Encounter	71	73	\$16,940	\$239	\$232	1
Occupational Therapy		97004	Encounter	2	6	\$488	\$244	\$81	3
Occupational or Physical Therapy		97110	15 Minutes	2	196	\$8,001	\$4,000	\$41	98
Occupational or Physical Therapy		97112	15 Minutes	2	120	\$5,688	\$2,844	\$47	60
Occupational or Physical Therapy		97113	15 Minutes	1	21	\$6,137	\$6,137	\$292	21
Occupational or Physical Therapy		97116	15 Minutes	1	4	\$149	\$149	\$37	4
Occupational or Physical Therapy		97124	15 Minutes	1	44	\$1,635	\$1,635	\$37	44
Occupational or Physical Therapy		97140	15 Minutes	1	2	\$95	\$95	\$48	2
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	2	394	\$14,888	\$7,444	\$38	197
Occupational or Physical Therapy		97532	15 Minutes	1	36	\$1,337	\$1,337	\$37	36
Occupational or Physical Therapy		97533	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535	15 Minutes	2	49	\$2,164	\$1,082	\$44	25
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761	15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762		0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803	15 Minutes	1	1	\$90	\$90	\$90	1
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	2	2	\$213	\$107	\$107	1
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	1	1	\$112	\$112	\$112	1
Additional Codes-Physician Services		99214	Encounter	2	2	\$359	\$180	\$180	1
Additional Codes-Physician Services		99215	Encounter	2	2	\$505	\$253	\$253	1
Additional Codes-Physician Services		99221		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Persons with Developmental Disabilities

Fiscal Year 2004-2005

State of Michigan

Northeast Michigan

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99252	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		0	0	\$0	\$0	\$0	0
Transportation		A0130		0	0	\$0	\$0	\$0	0
Transportation		A0140		0	0	\$0	\$0	\$0	0
Transportation		A0170		0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428		0	0	\$0	\$0	\$0	0
General dental services		D0150		0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Peridontal, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340	15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	0	0	\$0	\$0	\$0	0
Activity Therapy (Children's Waiver)		G0176	Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		4	19	\$613	\$153	\$32	5
Assessment		H0002	Encounter	3	3	\$598	\$199	\$199	1
Crisis Residential Services		H0018	Days	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category
Persons with Developmental Disabilities
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State of Michigan
Northeast Michigan

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Prevention Services - Direct Model		H0025	Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031	Encounter	36	36	\$4,792	\$133	\$133	1
Treatment Planning		H0032	Encounter	190	507	\$47,308	\$249	\$93	3
Health Services		H0034	15 Minutes	1	1	\$97	\$97	\$97	1
Home Based Services		H0036	15 Minutes	2	79	\$4,066	\$2,033	\$51	40
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000	Encounter	55	197	\$15,106	\$275	\$77	4
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	8	43	\$850	\$106	\$20	5
Skill-Building and Out of Home Non Vocational Habilitation		H2014	15 minutes	128	66,269	\$483,870	\$3,780	\$7	518
Community Living Supports (15 Minutes)		H2015	15 Minutes	203	505,690	\$3,249,000	\$16,005	\$6	2,491
Community Living Supports (Daily)		H2016	Per Diem	39	12,246	\$360,686	\$9,248	\$29	314
Community Living Supports (Daily)		H2016	Per Diem	26	6,822	\$338,899	\$13,035	\$50	262
Community Living Supports (Daily)		H2016	Per Diem	107	34,943	\$4,686,412	\$43,798	\$134	327
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	138	130,125	\$880,684	\$6,382	\$7	943
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	6	4,057	\$23,707	\$3,951	\$6	676
Medication Review		M0064	Encounter Face-to-Face	53	181	\$10,185	\$192	\$56	3
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	5	11	\$2,512	\$502	\$228	2
Home Care Training, Non-Family (Children's Waiver)		S5116	Encounter	0	0	\$0	\$0	\$0	0
Chore Services		S5120	15 Minutes	0	0	\$0	\$0	\$0	0
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151	Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	4	28	\$1,155	\$289	\$41	7
Environmental Modification		S5165	Service	3	3	\$10,415	\$3,472	\$3,472	1
Enhanced Medical Equipment-Supplies		S5199	Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123	Hour	1	3,571	\$191,431	\$191,431	\$54	3,571
Private Duty Nursing	0582	S9124	Hour	1	8	\$319	\$319	\$40	8
Respite Care in the Home (RN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470	Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Persons with Developmental Disabilities

Fiscal Year 2004-2005

State of Michigan

Northeast Michigan Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Residential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	0
Health Services		T1000	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	156	648	\$98,520	\$632	\$152	4
Health Services		T1002	Up to 15 min	110	1,007	\$47,492	\$432	\$47	9
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	34	59,428	\$66,461	\$1,955	\$1	1,748
Supports Coordination/Wrap Facilitation		T1016	15 minutes	360	7,691	\$649,310	\$1,804	\$84	21
Targeted Case Management		T1017	15 minutes	2	36	\$1,650	\$825	\$46	18
Nursing Home Mental Health Monitoring		T1017	15 minutes	3	73	\$2,304	\$768	\$32	24
Personal Care in Licensed Specialized Residential Setting		T1020	Days	113	36,243	\$416,411	\$3,685	\$11	321
Personal Care in Licensed Specialized Residential Setting		T1020	Days	58	17,078	\$752,824	\$12,980	\$44	294
Personal Care in Licensed Specialized Residential Setting		T1020	Days	4	791	\$69,950	\$17,488	\$88	198
Assessments		T1023	Encounter	11	16	\$1,438	\$131	\$90	1
Enhanced Medical Supplies or Pharmacy		T1999	Items	111	2,721	\$13,674	\$123	\$5	25
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015	Hour	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023	Month	1	11	\$4,044	\$4,044	\$368	11
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	1	1	\$96	\$96	\$96	1
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	1	1	\$311	\$311	\$311	1
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				0	0	\$0	\$0	\$0	0
Other				37	0	\$27,840	\$752	\$0	0
Total Population and Cost				379		\$12,738,811			

CMHSP Cost Data by Service Category
Persons with Developmental Disabilities
Fiscal Year 2004-2005
State of Michigan
Northern Lakes

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	2	50	\$24,175	\$12,088	\$484	25
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	4	679	\$154,976	\$38,744	\$228	170
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	3	32	\$9,792	\$3,264	\$306	11
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	23	193	\$59,059	\$2,568	\$306	8
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Ther/Proph/Diag ING, SC/IM - Children's Waiver		90772		0	0	\$0	\$0	\$0	0
Medication Administration	90782		Encounter	2	44	\$1,804	\$902	\$41	22
Medication Administration	90788		Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment	90801		Encounter	100	121	\$22,949	\$229	\$190	1
Assessment-Psychiatric Assessment	90802		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy	90804		Encounter 20-30 Min	13	23	\$1,179	\$91	\$51	2
Therapy-Individual Therapy	90805		Encounter 20-30 Min	146	384	\$33,463	\$229	\$87	3
Therapy-Individual Therapy	90806		Encounter 45-50 Min	40	250	\$26,912	\$673	\$108	6
Therapy-Individual Therapy	90807		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy	90808		Encounter 75-80 Min	3	5	\$820	\$273	\$164	2
Therapy-Individual Therapy	90809		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy	90810		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0

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Persons with Developmental Disabilities

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State of Michigan

Northern Lakes Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	3	3	\$354	\$118	\$118	1
Therapy-Family Therapy		90847	Encounter	24	112	\$14,353	\$598	\$128	5
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	4	23	\$1,415	\$354	\$62	6
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	212	775	\$75,481	\$356	\$97	4
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	23	23	\$1,886	\$82	\$82	1
Speech & Language Therapy		92506	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626	First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627	Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	59	165	\$27,066	\$459	\$164	3
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101		0	0	\$0	\$0	\$0	0
Psychological Testing by Technician (Children's Waiver)		96102		0	0	\$0	\$0	\$0	0
Psychological Testing by Comp (Children's Waiver)		96103		0	0	\$0	\$0	\$0	0
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	14	31	\$4,450	\$318	\$144	2
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118		0	0	\$0	\$0	\$0	0
Neuropsych test by Tech (Children's Waiver)		96119		0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp (Children's Waiver)		96120		0	0	\$0	\$0	\$0	0
Physical Therapy		97001	Encounter	44	44	\$6,540	\$149	\$149	1

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Physical Therapy		97002	Encounter	1	1	\$149	\$149	\$149	1
Occupational Therapy		97003	Encounter	35	36	\$9,042	\$258	\$251	1
Occupational Therapy		97004	Encounter	8	12	\$2,522	\$315	\$210	2
Occupational or Physical Therapy		97110	15 Minutes	5	16	\$673	\$135	\$42	3
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140	15 Minutes	1	2	\$84	\$84	\$42	2
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	6	21	\$1,184	\$197	\$56	4
Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761	15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762		0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802	15 Minutes	18	284	\$7,570	\$421	\$27	16
Assessment or Health Services		97803	15 Minutes	20	441	\$11,755	\$588	\$27	22
Health Services		97804	30 Minutes	4	10	\$267	\$67	\$27	3
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0

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Additional Codes-Physician Services		99252	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		0	0	\$0	\$0	\$0	0
Transportation		A0130		0	0	\$0	\$0	\$0	0
Transportation		A0140		0	0	\$0	\$0	\$0	0
Transportation		A0170		0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428		0	0	\$0	\$0	\$0	0
General dental services		D0150		0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Peridental, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340	15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	2	2	\$5,783	\$2,892	\$2,892	1
Activity Therapy (Children's Waiver)		G0176	Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		0	0	\$0	\$0	\$0	0
Assessment		H0002	Encounter	15	15	\$1,845	\$123	\$123	1
Crisis Residential Services		H0018	Days	5	77	\$22,114	\$4,423	\$287	15

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Prevention Services - Direct Model		H0025	Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031	Encounter	385	540	\$88,578	\$230	\$164	1
Treatment Planning		H0032	Encounter	136	238	\$39,040	\$287	\$164	2
Health Services		H0034	15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036	15 Minutes	5	403	\$18,592	\$3,718	\$46	81
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	34	8,764	\$15,386	\$453	\$2	258
Peer Directed and Operated Support Services		NA		0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	5	369	\$22,188	\$4,438	\$60	74
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000	Encounter	45	141	\$34,693	\$771	\$246	3
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	39	602	\$45,293	\$1,161	\$75	15
Skill-Building and Out of Home Non Vocational Habilitation		H2014	15 minutes	342	607,177	\$2,355,016	\$6,886	\$4	1,775
Community Living Supports (15 Minutes)		H2015	15 Minutes	377	612,227	\$2,599,566	\$6,895	\$4	1,624
Community Living Supports (Daily)		H2016	Per Diem	18	1,429	\$44,288	\$2,460	\$31	79
Community Living Supports (Daily)		H2016	Per Diem	68	15,576	\$820,642	\$12,068	\$53	229
Community Living Supports (Daily)		H2016	Per Diem	151	42,323	\$5,421,579	\$35,904	\$128	280
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	160	114,524	\$444,196	\$2,776	\$4	716
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	22	32,381	\$79,323	\$3,606	\$2	1,472
Medication Review		M0064	Encounter Face-to-Face	179	664	\$40,844	\$228	\$62	4
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	17	23	\$3,301	\$194	\$144	1
Home Care Training, Non-Family (Children's Waiver)		S5116	Encounter	0	0	\$0	\$0	\$0	0
Chore Services		S5120	15 Minutes	2	56	\$217	\$109	\$4	28
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	312	249,037	\$148,798	\$477	\$1	798
Respite		S5151	Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	1	10	\$359	\$359	\$36	10
Environmental Modification		S5165	Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199	Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990	Encounter	1	1	\$77	\$77	\$77	1
Private Duty Nursing	0582	S9123	Hour	2	1,230	\$52,962	\$26,481	\$43	615
Private Duty Nursing	0582	S9124	Hour	3	1,072	\$46,159	\$15,386	\$43	357
Respite Care in the Home (RN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470	Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	0	0	\$0	\$0	\$0	0

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Reidential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	0
Health Services		T1000	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	67	85	\$12,200	\$182	\$144	1
Health Services		T1002	Up to 15 min	75	310	\$10,125	\$135	\$33	4
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	5	6,500	\$24,680	\$4,936	\$4	1,300
Supports Coordination/Wrap Facilitation		T1016	15 minutes	213	3,636	\$148,450	\$697	\$41	17
Targeted Case Management		T1017	15 minutes	654	12,271	\$500,997	\$766	\$41	19
Nursing Home Mental Health Monitoring		T1017	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	72	19,285	\$358,608	\$4,981	\$19	268
Personal Care in Licensed Specialized Residential Setting		T1020	Days	75	19,811	\$1,125,633	\$15,008	\$57	264
Personal Care in Licensed Specialized Residential Setting		T1020	Days	70	17,306	\$1,752,066	\$25,030	\$101	247
Assessments		T1023	Encounter	20	50	\$7,176	\$359	\$144	3
Enhanced Medical Supplies or Pharmacy		T1999	Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	45	47	\$26,865	\$597	\$572	1
Out of Home Prevocational Service		T2015	Hour	82	21,874	\$589,423	\$7,188	\$27	267
Targeted Case Management (Children's Waiver)		T2023	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				0	0	\$0	\$0	\$0	0
Other				0	0	\$0	\$0	\$0	0
Total Population and Cost				1,043		\$17,406,982			

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State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	1	365	\$78,819	\$78,819	\$216	365
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	2	21	\$14,709	\$7,355	\$700	11
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Ther/Proph/Diag ING, SC/IM - Children's Waiver		90772		0	0	\$0	\$0	\$0	0
Medication Administration	90782		Encounter	3	28	\$1,246	\$415	\$45	9
Medication Administration	90788		Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment	90801		Encounter	31	41	\$10,070	\$325	\$246	1
Assessment-Psychiatric Assessment	90802		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy	90804		Encounter 20-30 Min	11	44	\$2,219	\$202	\$50	4
Therapy-Individual Therapy	90805		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy	90806		Encounter 45-50 Min	9	48	\$4,842	\$538	\$101	5
Therapy-Individual Therapy	90807		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy	90808		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy	90809		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy	90810		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0

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Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847	Encounter	5	13	\$1,967	\$393	\$151	3
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	2	26	\$2,623	\$1,311	\$101	13
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	76	366	\$44,945	\$591	\$123	5
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506	Encounter	15	15	\$2,963	\$198	\$198	1
Speech & Language Therapy		92507	Encounter	2	3	\$593	\$296	\$198	2
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626	First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627	Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	9	31	\$4,691	\$521	\$151	3
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101		0	0	\$0	\$0	\$0	0
Psychological Testing by Technician (Children's Waiver)		96102		0	0	\$0	\$0	\$0	0
Psychological Testing by Comp (Children's Waiver)		96103		0	0	\$0	\$0	\$0	0
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	1	4	\$380	\$380	\$95	4
Neuropsych test by Psych/Phys (Children's Waiver)		96118		0	0	\$0	\$0	\$0	0
Neuropsych test by Tech (Children's Waiver)		96119		0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp (Children's Waiver)		96120		0	0	\$0	\$0	\$0	0
Physical Therapy		97001	Encounter	4	5	\$489	\$122	\$98	1

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Physical Therapy		97002	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003	Encounter	48	53	\$14,758	\$307	\$278	1
Occupational Therapy		97004	Encounter	5	6	\$1,671	\$334	\$278	1
Occupational or Physical Therapy		97110	15 Minutes	8	16	\$557	\$70	\$35	2
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113	15 Minutes	3	5	\$174	\$58	\$35	2
Occupational or Physical Therapy		97116	15 Minutes	5	10	\$348	\$70	\$35	2
Occupational or Physical Therapy		97124	15 Minutes	1	1	\$35	\$35	\$35	1
Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	3	12	\$418	\$139	\$35	4
Occupational or Physical Therapy		97530	15 Minutes	1	2	\$70	\$70	\$35	2
Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533	15 Minutes	1	23	\$800	\$800	\$35	23
Occupational or Physical Therapy		97535	15 Minutes	3	10	\$348	\$116	\$35	3
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	4	7	\$244	\$61	\$35	2
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761	15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762		0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802	15 Minutes	44	134	\$5,045	\$115	\$38	3
Assessment or Health Services		97803	15 Minutes	37	153	\$5,760	\$156	\$38	4
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0

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Additional Codes-Physician Services		99252	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		0	0	\$0	\$0	\$0	0
Transportation		A0130		0	0	\$0	\$0	\$0	0
Transportation		A0140		0	0	\$0	\$0	\$0	0
Transportation		A0170		0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428		0	0	\$0	\$0	\$0	0
General dental services		D0150		29	39	\$4,753	\$164	\$122	1
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220		1	1	\$25	\$25	\$25	1
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		2	2	\$77	\$39	\$39	1
Prophylaxis Adult		D1110		16	25	\$1,742	\$109	\$70	2
Resin based comp-one surface, ant		D2330		3	3	\$324	\$108	\$108	1
Resin based comp-two surfaces, ant		D2331		1	5	\$640	\$640	\$128	5
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		2	3	\$330	\$165	\$110	2
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Peridental, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		3	4	\$440	\$147	\$110	1
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		4	4	\$2,047	\$512	\$512	1
Repair or Non-Routine Service for DME (Children's Waiver)		E1340	15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	2	2	\$7,272	\$3,636	\$3,636	1
Activity Therapy (Children's Waiver)		G0176	Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		0	0	\$0	\$0	\$0	0
Assessment		H0002	Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018	Days	0	0	\$0	\$0	\$0	0

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Prevention Services - Direct Model		H0025	Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031	Encounter	77	90	\$18,158	\$236	\$202	1
Treatment Planning		H0032	Encounter	54	179	\$29,678	\$550	\$166	3
Health Services		H0034	15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036	15 Minutes	3	519	\$40,534	\$13,511	\$78	173
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045	Per Diem	30	262	\$24,152	\$805	\$92	9
Behavior Management Review		H2000	Encounter	24	59	\$22,789	\$950	\$386	2
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	7	37	\$2,102	\$300	\$57	5
Skill-Building and Out of Home Non Vocational Habilitation		H2014	15 minutes	132	385,937	\$1,520,592	\$11,520	\$4	2,924
Community Living Supports (15 Minutes)		H2015	15 Minutes	43	99,256	\$439,572	\$10,223	\$4	2,308
Community Living Supports (Daily)		H2016	Per Diem	16	4,748	\$110,394	\$6,900	\$23	297
Community Living Supports (Daily)		H2016	Per Diem	8	2,610	\$140,016	\$17,502	\$54	326
Community Living Supports (Daily)		H2016	Per Diem	43	14,065	\$2,538,738	\$59,040	\$181	327
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	35	62,920	\$313,732	\$8,964	\$5	1,798
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064	Encounter Face-to-Face	45	439	\$22,872	\$508	\$52	10
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	0	0	\$0	\$0	\$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116	Encounter	0	0	\$0	\$0	\$0	0
Chore Services		S5120	15 Minutes	0	0	\$0	\$0	\$0	0
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	52	35,423	\$120,446	\$2,316	\$3	681
Respite		S5151	Per Diem	16	68	\$6,423	\$401	\$94	4
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199	Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990	Encounter	1	1	\$35	\$35	\$35	1
Private Duty Nursing	0582	S9123	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124	Hour	0	0	\$0	\$0	\$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470	Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	0	0	\$0	\$0	\$0	0

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Residential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	0
Health Services		T1000	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	40	56	\$14,588	\$365	\$261	1
Health Services		T1002	Up to 15 min	57	407	\$10,602	\$186	\$26	7
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	2	8,161	\$35,256	\$17,628	\$4	4,081
Supports Coordination/Wrap Facilitation		T1016	15 minutes	178	3,886	\$259,391	\$1,457	\$67	22
Targeted Case Management		T1017	15 minutes	37	528	\$26,755	\$723	\$51	14
Nursing Home Mental Health Monitoring		T1017	15 minutes	6	30	\$1,991	\$332	\$66	5
Personal Care in Licensed Specialized Residential Setting		T1020	Days	38	11,863	\$183,055	\$4,817	\$15	312
Personal Care in Licensed Specialized Residential Setting		T1020	Days	22	6,851	\$319,850	\$14,539	\$47	311
Personal Care in Licensed Specialized Residential Setting		T1020	Days	5	1,703	\$134,048	\$26,810	\$79	341
Assessments		T1023	Encounter	8	12	\$2,364	\$296	\$197	2
Enhanced Medical Supplies or Pharmacy		T1999	Items	39	387	\$6,651	\$171	\$17	10
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	5	5	\$2,627	\$525	\$525	1
Out of Home Prevocational Service		T2015	Hour	8	4,625	\$130,156	\$16,270	\$28	578
Targeted Case Management (Children's Waiver)		T2023	Month	2	23	\$9,810	\$4,905	\$427	12
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	3	28	\$5,326	\$1,775	\$190	9
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				0	0	\$0	\$0	\$0	0
Other				0	0	\$0	\$0	\$0	0
Total Population and Cost				266		\$6,711,132			

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State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	1	123	\$59,155	\$59,155	\$481	123
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	1	75	\$16,245	\$16,245	\$217	75
Local Psychiatric Hospital/TMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	12	244	\$52,311	\$4,359	\$214	20
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	13	150	\$48,121	\$3,702	\$321	12
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	3	31	\$4,725	\$1,575	\$152	10
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Ther/Proph/Diag ING, SC/IM - Children's Waiver		90772		0	0	\$0	\$0	\$0	0
Medication Administration		90782	Encounter	6	50	\$15,366	\$2,561	\$307	8
Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801	Encounter	177	196	\$75,335	\$426	\$384	1
Assessment-Psychiatric Assessment		90802	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804	Encounter 20-30 Min	36	67	\$7,498	\$208	\$112	2
Therapy-Individual Therapy		90805	Encounter 20-30 Min	2	2	\$224	\$112	\$112	1
Therapy-Individual Therapy		90806	Encounter 45-50 Min	136	577	\$122,734	\$902	\$213	4
Therapy-Individual Therapy		90807	Encounter 45-50 Min	13	42	\$8,934	\$687	\$213	3
Therapy-Individual Therapy		90808	Encounter 75-80 Min	96	345	\$119,746	\$1,247	\$347	4
Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810	Encounter 20-30 Min	11	16	\$1,791	\$163	\$112	1

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Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	40	112	\$57,440	\$1,436	\$513	3
Therapy-Family Therapy		90847	Encounter	58	251	\$52,077	\$898	\$207	4
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	34	268	\$12,625	\$371	\$47	8
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	760	3,020	\$631,301	\$831	\$209	4
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506	Encounter	56	60	\$9,982	\$178	\$166	1
Speech & Language Therapy		92507	Encounter	61	448	\$145,112	\$2,379	\$324	7
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	36	40	\$16,113	\$448	\$403	1
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626	First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627	Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	149	491	\$83,892	\$563	\$171	3
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101		0	0	\$0	\$0	\$0	0
Psychological Testing by Technician (Children's Waiver)		96102		0	0	\$0	\$0	\$0	0
Psychological Testing by Comp (Children's Waiver)		96103		0	0	\$0	\$0	\$0	0
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	4	7	\$598	\$150	\$85	2
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Hour	683	2,662	\$454,829	\$666	\$171	4
Neurobehavioral Status Exam (Children's Waiver)		96116		0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118		0	0	\$0	\$0	\$0	0
Neuropsych test by Tech (Children's Waiver)		96119		0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp (Children's Waiver)		96120		0	0	\$0	\$0	\$0	0
Physical Therapy		97001	Encounter	0	0	\$0	\$0	\$0	0

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Physical Therapy		97002	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003	Encounter	368	489	\$223,996	\$609	\$458	1
Occupational Therapy		97004	Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110	15 Minutes	19	140	\$11,962	\$630	\$85	7
Occupational or Physical Therapy		97112	15 Minutes	7	93	\$7,946	\$1,135	\$85	13
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	18	72	\$6,152	\$342	\$85	4
Occupational or Physical Therapy		97124	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	61	497	\$42,474	\$696	\$85	8
Occupational or Physical Therapy		97530	15 Minutes	11	112	\$9,572	\$870	\$85	10
Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533	15 Minutes	33	228	\$19,480	\$590	\$85	7
Occupational or Physical Therapy		97535	15 Minutes	99	486	\$41,524	\$419	\$85	5
Occupational or Physical Therapy		97537	15 Minutes	1	2	\$80	\$80	\$40	2
Occupational or Physical Therapy		97542	15 Minutes	202	1,315	\$112,354	\$556	\$85	7
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761	15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762		0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802	15 Minutes	45	180	\$12,168	\$270	\$68	4
Assessment or Health Services		97803	15 Minutes	774	2,376	\$160,855	\$208	\$68	3
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0

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Additional Codes-Physician Services		99252	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		0	0	\$0	\$0	\$0	0
Transportation		A0130		0	0	\$0	\$0	\$0	0
Transportation		A0140		0	0	\$0	\$0	\$0	0
Transportation		A0170		0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	10	11	\$463	\$46	\$42	1
Additional codes - Transportation		A0428		0	0	\$0	\$0	\$0	0
General dental services		D0150		199	1,113	\$432,278	\$2,172	\$388	6
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Peridental, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340	15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	1	1	\$3,169	\$3,169	\$3,169	1
Activity Therapy (Children's Waiver)		G0176	Encounter	2	24	\$2,052	\$1,026	\$86	12
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		0	0	\$0	\$0	\$0	0
Assessment		H0002	Encounter	381	412	\$125,644	\$330	\$305	1
Crisis Residential Services		H0018	Days	1	66	\$17,762	\$17,762	\$269	66

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Service Category	Revenue Code	HCPCS Code	Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Prevention Services - Direct Model		H0025	Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031	Encounter	603	652	\$220,089	\$365	\$338	1
Treatment Planning		H0032	Encounter	1,184	4,256	\$1,076,428	\$909	\$253	4
Health Services		H0034	15 Minutes	2	2	\$150	\$75	\$75	1
Home Based Services		H0036	15 Minutes	1	3	\$97	\$97	\$32	3
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	1	91	\$5,311	\$5,311	\$58	91
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045	Per Diem	692	12,075	\$1,347,449	\$1,947	\$112	17
Behavior Management Review		H2000	Encounter	837	939	\$151,141	\$181	\$161	1
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	90	653	\$68,245	\$758	\$105	7
Skill-Building and Out of Home Non Vocational Habilitation		H2014	15 minutes	1,128	3,962,783	\$12,799,789	\$11,347	\$3	3,513
Community Living Supports (15 Minutes)		H2015	15 Minutes	943	6,747,449	\$24,628,189	\$26,117	\$4	7,155
Community Living Supports (Daily)		H2016	Per Diem	529	169,177	\$6,081,913	\$11,497	\$36	320
Community Living Supports (Daily)		H2016	Per Diem	269	78,456	\$5,299,703	\$19,701	\$68	292
Community Living Supports (Daily)		H2016	Per Diem	474	148,590	\$16,044,748	\$33,850	\$108	313
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022	Days	7	21	\$2,151	\$307	\$102	3
Supported Employment Services		H2023	15 minutes	470	1,117,063	\$3,574,602	\$7,606	\$3	2,377
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	11	13,009	\$45,792	\$4,163	\$4	1,183
Medication Review		M0064	Encounter Face-to-Face	2	7	\$409	\$205	\$58	4
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	26	41	\$9,091	\$350	\$222	2
Home Care Training, Non-Family (Children's Waiver)		S5116	Encounter	21	572	\$30,539	\$1,454	\$53	27
Chore Services		S5120	15 Minutes	0	0	\$0	\$0	\$0	0
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	763	631,141	\$1,760,883	\$2,308	\$3	827
Respite		S5151	Per Diem	25	297	\$6,513	\$261	\$22	12
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	22	27	\$8,878	\$404	\$329	1
Enhanced Medical Equipment-Supplies		S5199	Items	1	1	\$9	\$9	\$9	1
Occupational or Physical Therapy		S8990	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123	Hour	7	6,816	\$80,565	\$11,509	\$12	974
Private Duty Nursing	0582	S9124	Hour	7	11,293	\$95,878	\$13,697	\$8	1,613
Respite Care in the Home (RN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	3	3	\$250	\$83	\$83	1
Health Services		S9446	Encounter	19	66	\$14,858	\$782	\$225	3
Health Services		S9470	Encounter	201	252	\$32,878	\$164	\$130	1
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	0	0	\$0	\$0	\$0	0

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Residential Room and Board		S9976	Days	1	66	\$1,452	\$1,452	\$22	66
Health Services		T1000	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	431	438	\$158,985	\$369	\$363	1
Health Services		T1002	Up to 15 min	1,116	10,184	\$1,074,718	\$963	\$106	9
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	506	557,261	\$1,337,426	\$2,643	\$2	1,101
Supports Coordination/Wrap Facilitation		T1016	15 minutes	2,943	97,356	\$9,510,708	\$3,232	\$98	33
Targeted Case Management		T1017	15 minutes	11	639	\$35,532	\$3,230	\$56	58
Nursing Home Mental Health Monitoring		T1017	15 minutes	16	738	\$41,667	\$2,604	\$56	46
Personal Care in Licensed Specialized Residential Setting		T1020	Days	474	148,651	\$5,036,296	\$10,625	\$34	314
Personal Care in Licensed Specialized Residential Setting		T1020	Days	269	78,517	\$5,318,742	\$19,772	\$68	292
Personal Care in Licensed Specialized Residential Setting		T1020	Days	527	169,055	\$16,389,882	\$31,100	\$97	321
Assessments		T1023	Encounter	28	49	\$13,939	\$498	\$284	2
Enhanced Medical Supplies or Pharmacy		T1999	Items	107	550	\$4,758	\$44	\$9	5
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	19	22	\$17,046	\$897	\$775	1
Out of Home Prevocational Service		T2015	Hour	463	327,663	\$3,447,015	\$7,445	\$11	708
Targeted Case Management (Children's Waiver)		T2023	Month	40	403	\$200,021	\$5,001	\$496	10
Enhanced Medical Equipment-Supplies		T2028	Items	259	456	\$116,535	\$450	\$256	2
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	122	999	\$294,206	\$2,412	\$295	8
Enhanced Medical Equipment-Supplies		T2039	Items	12	12	\$31,841	\$2,653	\$2,653	1
Pharmacy (Drugs and Other Biologicals)				0	0	\$0	\$0	\$0	0
Other				0	0	\$0	\$0	\$0	0
Total Population and Cost				3,392		\$119,643,402			

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Service Category	Revenue Code	HCPDS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	3	228	\$81,062	\$27,021	\$356	76
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	4	1,216	\$268,967	\$67,242	\$221	304
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	2	17	\$10,617	\$5,309	\$625	9
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Ther/Proph/Diag ING, SC/IM - Children's Waiver		90772		0	0	\$0	\$0	\$0	0
Medication Administration	90782		Encounter	0	0	\$0	\$0	\$0	0
Medication Administration	90788		Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment	90801		Encounter	19	19	\$8,288	\$436	\$436	1
Assessment-Psychiatric Assessment	90802		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy	90804		Encounter 20-30 Min	9	29	\$1,372	\$152	\$47	3
Therapy-Individual Therapy	90805		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy	90806		Encounter 45-50 Min	7	31	\$2,805	\$401	\$90	4
Therapy-Individual Therapy	90807		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy	90808		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy	90809		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy	90810		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0

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Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	155	618	\$112,830	\$728	\$183	4
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506	Encounter	19	21	\$11,422	\$601	\$544	1
Speech & Language Therapy		92507	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626	First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627	Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation, Post-Lingual Hearing Loss (Children's Waiver)		92633		0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	7	43	\$4,156	\$594	\$97	6
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101		0	0	\$0	\$0	\$0	0
Psychological Testing by Technician (Children's Waiver)		96102		0	0	\$0	\$0	\$0	0
Psychological Testing by Comp (Children's Waiver)		96103		0	0	\$0	\$0	\$0	0
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Hour	1	1	\$438	\$438	\$438	1
Neurobehavioral Status Exam (Children's Waiver)		96116		0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118		0	0	\$0	\$0	\$0	0
Neuropsych test by Tech (Children's Waiver)		96119		0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp (Children's Waiver)		96120		0	0	\$0	\$0	\$0	0
Physical Therapy		97001	Encounter	4	4	\$122	\$31	\$31	1

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Physical Therapy		97002	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003	Encounter	14	14	\$4,141	\$296	\$296	1
Occupational Therapy		97004	Encounter	53	63	\$26,791	\$505	\$425	1
Occupational or Physical Therapy		97110	15 Minutes	3	13	\$155	\$52	\$12	4
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	3	7	\$530	\$177	\$76	2
Occupational or Physical Therapy		97532	15 Minutes	1	5	\$223	\$223	\$45	5
Occupational or Physical Therapy		97533	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535	15 Minutes	1	7	\$315	\$315	\$45	7
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761	15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762		0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802	15 Minutes	1	2	\$64	\$64	\$32	2
Assessment or Health Services		97803	15 Minutes	1	4	\$128	\$128	\$32	4
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0

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Additional Codes-Physician Services		99252	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		0	0	\$0	\$0	\$0	0
Transportation		A0130		0	0	\$0	\$0	\$0	0
Transportation		A0140		0	0	\$0	\$0	\$0	0
Transportation		A0170		0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428		0	0	\$0	\$0	\$0	0
General dental services		D0150		0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Peridontal, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340	15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	0	0	\$0	\$0	\$0	0
Activity Therapy (Children's Waiver)		G0176	Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		2	4	\$27	\$14	\$7	2
Assessment		H0002	Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018	Days	0	0	\$0	\$0	\$0	0

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Service Category									
Prevention Services - Direct Model		H0025	Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031	Encounter	129	138	\$52,798	\$409	\$383	1
Treatment Planning		H0032	Encounter	178	785	\$480,989	\$2,702	\$613	4
Health Services		H0034	15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036	15 Minutes	0	0	\$0	\$0	\$0	0
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	1	2	\$186	\$186	\$93	2
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045	Per Diem	88	1,311	\$74,727	\$849	\$57	15
Behavior Management Review		H2000	Encounter	29	53	\$1,632	\$56	\$31	2
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	14	59	\$8,544	\$610	\$145	4
Skill-Building and Out of Home Non Vocational Habilitation		H2014	15 minutes	317	1,331,795	\$3,651,120	\$11,518	\$3	4,201
Community Living Supports (15 Minutes)		H2015	15 Minutes	234	749,088	\$3,047,240	\$13,022	\$4	3,201
Community Living Supports (Daily)		H2016	Per Diem	53	17,885	\$500,280	\$9,439	\$28	337
Community Living Supports (Daily)		H2016	Per Diem	20	5,725	\$254,419	\$12,721	\$44	286
Community Living Supports (Daily)		H2016	Per Diem	69	24,044	\$2,934,615	\$42,531	\$122	348
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	95	40,028	\$434,674	\$4,576	\$11	421
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	3	3,635	\$8,966	\$2,989	\$2	1,212
Medication Review		M0064	Encounter Face-to-Face	0	0	\$0	\$0	\$0	0
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	21	339	\$27,708	\$1,319	\$82	16
Home Care Training, Non-Family (Children's Waiver)		S5116	Encounter	15	84	\$4,788	\$319	\$57	6
Chore Services		S5120	15 Minutes	0	0	\$0	\$0	\$0	0
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151	Per Diem	8	73	\$7,724	\$966	\$106	9
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199	Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123	Hour	1	32	\$847	\$847	\$26	32
Private Duty Nursing	0582	S9124	Hour	1	5,656	\$149,669	\$149,669	\$26	5,656
Respite Care in the Home (RN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	12	13	\$1,087	\$91	\$84	1
Health Services		S9446	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470	Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	0	0	\$0	\$0	\$0	0

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Ottawa									
Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Residential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	0
Health Services		T1000	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	45	58	\$47,711	\$1,060	\$823	1
Health Services		T1002	Up to 15 min	34	232	\$7,600	\$224	\$33	7
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	120	83,791	\$280,640	\$2,339	\$3	698
Supports Coordination/Wrap Facilitation		T1016	15 minutes	440	4,621	\$1,019,718	\$2,318	\$221	11
Targeted Case Management		T1017	15 minutes	13	288	\$39,013	\$3,001	\$135	22
Nursing Home Mental Health Monitoring		T1017	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	75	25,161	\$452,140	\$6,029	\$18	335
Personal Care in Licensed Specialized Residential Setting		T1020	Days	33	9,970	\$448,516	\$13,591	\$45	302
Personal Care in Licensed Specialized Residential Setting		T1020	Days	37	12,274	\$1,021,323	\$27,603	\$83	332
Assessments		T1023	Encounter	22	216	\$180,926	\$8,224	\$838	10
Enhanced Medical Supplies or Pharmacy		T1999	Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	16	16	\$24,637	\$1,540	\$1,540	1
Out of Home Prevocational Service		T2015	Hour	22	6,009	\$593,622	\$26,983	\$99	273
Targeted Case Management (Children's Waiver)		T2023	Month	22	216	\$80,749	\$3,670	\$374	10
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	10	17	\$5,287	\$529	\$311	2
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				2	0	\$156	\$78	\$0	0
Other				47	0	\$288,909	\$6,147	\$0	0
Total Population and Cost				595		\$16,667,413			

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Pathways Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	8	2,332	\$848,848	\$106,106	\$364	292
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	7	68	\$49,937	\$7,134	\$734	10
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Ther/Proph/Diag ING, SC/TM - Children's Waiver		90772		0	0	\$0	\$0	\$0	0
Medication Administration		90782	Encounter	3	15	\$290	\$97	\$19	5
Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801	Encounter	12	12	\$6,409	\$534	\$534	1
Assessment-Psychiatric Assessment		90802	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804	Encounter 20-30 Min	3	6	\$759	\$253	\$127	2
Therapy-Individual Therapy		90805	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806	Encounter 45-50 Min	15	160	\$29,280	\$1,952	\$183	11
Therapy-Individual Therapy		90807	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0

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Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	1	1	\$191	\$191	\$191	1
Therapy-Family Therapy		90847	Encounter	4	5	\$828	\$207	\$166	1
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	11	257	\$17,242	\$1,567	\$67	23
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	100	419	\$109,665	\$1,097	\$262	4
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506	Encounter	44	45	\$22,572	\$513	\$502	1
Speech & Language Therapy		92507	Encounter	21	222	\$59,418	\$2,829	\$268	11
Speech & Language Therapy		92508	Encounter	7	109	\$22,830	\$3,261	\$209	16
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626	First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627	Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation, Post-Lingual Hearing Loss (Children's Waiver)		92633		0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	31	58	\$16,386	\$529	\$285	2
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101		0	0	\$0	\$0	\$0	0
Psychological Testing by Technician (Children's Waiver)		96102		0	0	\$0	\$0	\$0	0
Psychological Testing by Comp (Children's Waiver)		96103		0	0	\$0	\$0	\$0	0
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	1	8	\$2,886	\$2,886	\$385	8
Neuropsych test by Psych/Phys (Children's Waiver)		96118		0	0	\$0	\$0	\$0	0
Neuropsych test by Tech (Children's Waiver)		96119		0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp (Children's Waiver)		96120		0	0	\$0	\$0	\$0	0
Physical Therapy		97001	Encounter	1	1	\$117	\$117	\$117	1

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Pathways									
Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Physical Therapy		97002	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003	Encounter	54	56	\$75,048	\$1,390	\$1,340	1
Occupational Therapy		97004	Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150	Encounter	7	57	\$27,254	\$3,893	\$478	8
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532	15 Minutes	19	126	\$20,377	\$1,072	\$162	7
Occupational or Physical Therapy		97533	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761	15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762		0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802	15 Minutes	15	210	\$17,014	\$1,134	\$81	14
Assessment or Health Services		97803	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804	30 Minutes	1	4	\$32	\$32	\$8	4
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		1	1	\$79	\$79	\$79	1
Additional Codes-Physician Services		99222		2	2	\$124	\$62	\$62	1
Additional Codes-Physician Services		99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		3	11	\$891	\$297	\$81	4
Additional Codes-Physician Services		99232		1	1	\$79	\$79	\$79	1
Additional Codes-Physician Services		99233		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0

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Service Category									
Additional Codes-Physician Services		99252	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		0	0	\$0	\$0	\$0	0
Transportation		A0130		0	0	\$0	\$0	\$0	0
Transportation		A0140		0	0	\$0	\$0	\$0	0
Transportation		A0170		0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428		0	0	\$0	\$0	\$0	0
General dental services		D0150		0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	16	31	\$72,254	\$4,516	\$2,331	2
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Peridontal, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340	15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	0	0	\$0	\$0	\$0	0
Activity Therapy (Children's Waiver)		G0176	Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		0	0	\$0	\$0	\$0	0
Assessment		H0002	Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018	Days	0	0	\$0	\$0	\$0	0

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Pathways	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Service Category									
Prevention Services - Direct Model		H0025	Face to Face Contact	7	106	\$14,072	\$2,010	\$133	15
Assessment		H0031	Encounter	95	153	\$35,248	\$371	\$230	2
Treatment Planning		H0032	Encounter	113	154	\$53,783	\$476	\$349	1
Health Services		H0034	15 Minutes	13	46	\$4,801	\$369	\$104	4
Home Based Services		H0036	15 Minutes	26	1,039	\$201,317	\$7,743	\$194	40
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	154	64,729	\$541,782	\$3,518	\$8	420
Peer Directed and Operated Support Services		NA		0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000	Encounter	58	187	\$63,135	\$1,089	\$338	3
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	29	234	\$13,177	\$454	\$56	8
Skill-Building and Out of Home Non Vocational Habilitation		H2014	15 minutes	256	238,276	\$1,989,605	\$7,772	\$8	931
Community Living Supports (15 Minutes)		H2015	15 Minutes	257	768,121	\$3,894,373	\$15,153	\$5	2,989
Community Living Supports (Daily)		H2016	Per Diem	14	3,929	\$133,782	\$9,556	\$34	281
Community Living Supports (Daily)		H2016	Per Diem	34	8,694	\$480,778	\$14,141	\$55	256
Community Living Supports (Daily)		H2016	Per Diem	114	35,606	\$6,293,717	\$55,208	\$177	312
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	175	253,908	\$1,751,965	\$10,011	\$7	1,451
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064	Encounter Face-to-Face	8	26	\$3,857	\$482	\$148	3
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	47	331	\$21,753	\$463	\$66	7
Home Care Training, Non-Family (Children's Waiver)		S5116	Encounter	0	0	\$0	\$0	\$0	0
Chore Services		S5120	15 Minutes	1	44	\$234	\$234	\$5	44
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151	Per Diem	2	4	\$651	\$326	\$163	2
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	2	4	\$300	\$150	\$75	2
Environmental Modification		S5165	Service	1	1	\$5	\$5	\$5	1
Enhanced Medical Equipment-Supplies		S5199	Items	2	8	\$417	\$209	\$52	4
Occupational or Physical Therapy		S8990	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124	Hour	1	105	\$3,345	\$3,345	\$32	105
Respite Care in the Home (RN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470	Encounter	21	76	\$27,338	\$1,302	\$360	4
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	0	0	\$0	\$0	\$0	0

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Pathways									
Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Residential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	0
Health Services		T1000	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	37	49	\$16,848	\$455	\$344	1
Health Services		T1002	Up to 15 min	32	524	\$68,330	\$2,135	\$130	16
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	90	95,570	\$600,180	\$6,669	\$6	1,062
Supports Coordination/Wrap Facilitation		T1016	15 minutes	541	14,068	\$1,367,550	\$2,528	\$97	26
Targeted Case Management		T1017	15 minutes	77	1,183	\$72,128	\$937	\$61	15
Nursing Home Mental Health Monitoring		T1017	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	120	32,661	\$491,221	\$4,094	\$15	272
Personal Care in Licensed Specialized Residential Setting		T1020	Days	35	6,221	\$347,816	\$9,938	\$56	178
Personal Care in Licensed Specialized Residential Setting		T1020	Days	21	3,455	\$359,666	\$17,127	\$104	165
Assessments		T1023	Encounter	20	28	\$4,615	\$231	\$165	1
Enhanced Medical Supplies or Pharmacy		T1999	Items	112	1,532	\$78,791	\$703	\$51	14
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015	Hour	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	2	2	\$987	\$494	\$494	1
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	1	1	\$337	\$337	\$337	1
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				0	0	\$0	\$0	\$0	0
Other				0	0	\$0	\$0	\$0	0
Total Population and Cost				603		\$20,338,714			

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State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	1	365	\$70,810	\$70,810	\$194	365
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	1	8	\$4,280	\$4,280	\$535	8
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Ther/Proph/Diag ING, SC/IM - Children's Waiver		90772		0	0	\$0	\$0	\$0	0
Medication Administration	90782		Encounter	6	62	\$3,232	\$539	\$52	10
Medication Administration	90788		Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment	90801		Encounter	7	7	\$1,856	\$265	\$265	1
Assessment-Psychiatric Assessment	90802		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy	90804		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy	90805		Encounter 20-30 Min	8	8	\$480	\$60	\$60	1
Therapy-Individual Therapy	90806		Encounter 45-50 Min	1	3	\$251	\$251	\$84	3
Therapy-Individual Therapy	90807		Encounter 45-50 Min	18	130	\$11,628	\$646	\$89	7
Therapy-Individual Therapy	90808		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy	90809		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy	90810		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0

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Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847	Encounter	1	2	\$240	\$240	\$120	2
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	4	41	\$1,570	\$393	\$38	10
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	60	227	\$20,522	\$342	\$90	4
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626	First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627	Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation, Post-Lingual Hearing Loss (Children's Waiver)		92633		0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	0	0	\$0	\$0	\$0	0
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101		0	0	\$0	\$0	\$0	0
Psychological Testing by Technician (Children's Waiver)		96102		0	0	\$0	\$0	\$0	0
Psychological Testing by Comp (Children's Waiver)		96103		0	0	\$0	\$0	\$0	0
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118		0	0	\$0	\$0	\$0	0
Neuropsych test by Tech (Children's Waiver)		96119		0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp (Children's Waiver)		96120		0	0	\$0	\$0	\$0	0
Physical Therapy		97001	Encounter	16	48	\$900	\$56	\$19	3

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Physical Therapy		97002	Encounter	1	2	\$38	\$38	\$19	2
Occupational Therapy		97003	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97004	Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110	15 Minutes	9	39	\$3,763	\$418	\$96	4
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	10	75	\$5,910	\$591	\$79	8
Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761	15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762		0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0

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Additional Codes-Physician Services		99252	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		0	0	\$0	\$0	\$0	0
Transportation		A0130		0	0	\$0	\$0	\$0	0
Transportation		A0140		0	0	\$0	\$0	\$0	0
Transportation		A0170		0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428		0	0	\$0	\$0	\$0	0
General dental services		D0150		0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		1	2	\$216	\$216	\$108	2
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Peridontal, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340	15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	0	0	\$0	\$0	\$0	0
Activity Therapy (Children's Waiver)		G0176	Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		0	0	\$0	\$0	\$0	0
Assessment		H0002	Encounter	23	23	\$2,725	\$118	\$118	1
Crisis Residential Services		H0018	Days	0	0	\$0	\$0	\$0	0

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Pines									
Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Prevention Services - Direct Model		H0025	Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031	Encounter	6	6	\$720	\$120	\$120	1
Treatment Planning		H0032	Encounter	23	49	\$1,170	\$51	\$24	2
Health Services		H0034	15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036	15 Minutes	0	0	\$0	\$0	\$0	0
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	7	1,262	\$37,860	\$5,409	\$30	180
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	6	31	\$930	\$155	\$30	5
Skill-Building and Out of Home Non Vocational Habilitation		H2014	15 minutes	60	267,598	\$554,354	\$9,239	\$2	4,460
Community Living Supports (15 Minutes)		H2015	15 Minutes	34	141,843	\$329,583	\$9,694	\$2	4,172
Community Living Supports (Daily)		H2016	Per Diem	19	2,384	\$57,291	\$3,015	\$24	125
Community Living Supports (Daily)		H2016	Per Diem	13	3,725	\$219,566	\$16,890	\$59	287
Community Living Supports (Daily)		H2016	Per Diem	39	12,732	\$1,498,430	\$38,421	\$118	326
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	26	2,096	\$30,736	\$1,182	\$15	81
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	11	30,492	\$68,723	\$6,248	\$2	2,772
Medication Review		M0064	Encounter Face-to-Face	0	0	\$0	\$0	\$0	0
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	0	0	\$0	\$0	\$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116	Encounter	0	0	\$0	\$0	\$0	0
Chore Services		S5120	15 Minutes	0	0	\$0	\$0	\$0	0
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151	Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199	Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124	Hour	0	0	\$0	\$0	\$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470	Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	1	29	\$870	\$870	\$30	29

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Pines									
Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Residential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	0
Health Services		T1000	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	1	1	\$144	\$144	\$144	1
Health Services		T1002	Up to 15 min	626	1,626	\$65,660	\$105	\$40	3
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	15	14,975	\$55,244	\$3,683	\$4	998
Supports Coordination/Wrap Facilitation		T1016	15 minutes	177	8,325	\$308,633	\$1,744	\$37	47
Targeted Case Management		T1017	15 minutes	32	906	\$23,774	\$743	\$26	28
Nursing Home Mental Health Monitoring		T1017	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	30	5,950	\$115,423	\$3,847	\$19	198
Personal Care in Licensed Specialized Residential Setting		T1020	Days	9	2,951	\$209,451	\$23,272	\$71	328
Personal Care in Licensed Specialized Residential Setting		T1020	Days	30	9,943	\$992,840	\$33,095	\$100	331
Assessments		T1023	Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999	Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015	Hour	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023	Month	1	12	\$1,728	\$1,728	\$144	12
Enhanced Medical Equipment-Supplies		T2028	Items	1	35	\$293	\$293	\$8	35
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				0	0	\$0	\$0	\$0	0
Other				0	0	\$0	\$0	\$0	0
Total Population and Cost				215		\$4,701,844			

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State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	4	177	\$72,483	\$18,121	\$410	44
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	14	2,871	\$556,974	\$39,784	\$194	205
Local Psychiatric Hospital/TMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	29	256	\$169,697	\$5,852	\$663	9
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Ther/Proph/Diag ING, SC/IM - Children's Waiver		90772		0	0	\$0	\$0	\$0	0
Medication Administration		90782	Encounter	16	131	\$4,944	\$309	\$38	8
Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801	Encounter	68	80	\$13,995	\$206	\$175	1
Assessment-Psychiatric Assessment		90802	Encounter	4	4	\$671	\$168	\$168	1
Therapy-Individual Therapy		90804	Encounter 20-30 Min	19	23	\$1,791	\$94	\$78	1
Therapy-Individual Therapy		90805	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806	Encounter 45-50 Min	111	1,188	\$109,703	\$988	\$92	11
Therapy-Individual Therapy		90807	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808	Encounter 75-80 Min	2	2	\$277	\$139	\$139	1
Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0

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Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	1	1	\$203	\$203	\$203	1
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	1	20	\$2,279	\$2,279	\$114	20
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	4	33	\$3,303	\$826	\$100	8
Therapy-Family Therapy		90847	Encounter	35	267	\$31,341	\$895	\$117	8
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	1	14	\$646	\$646	\$46	14
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	345	973	\$101,752	\$295	\$105	3
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	1	2	\$175	\$175	\$88	2
Speech & Language Therapy		92506	Encounter	28	30	\$3,693	\$132	\$123	1
Speech & Language Therapy		92507	Encounter	8	37	\$2,072	\$259	\$56	5
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626	First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627	Each Additiona! 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	116	120	\$19,480	\$168	\$162	1
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101		0	0	\$0	\$0	\$0	0
Psychological Testing by Technician (Children's Waiver)		96102		0	0	\$0	\$0	\$0	0
Psychological Testing by Comp (Children's Waiver)		96103		0	0	\$0	\$0	\$0	0
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118		0	0	\$0	\$0	\$0	0
Neuropsych test by Tech (Children's Waiver)		96119		0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp (Children's Waiver)		96120		0	0	\$0	\$0	\$0	0
Physical Therapy		97001	Encounter	7	7	\$1,026	\$147	\$147	1

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Physical Therapy		97002	Encounter	23	27	\$3,686	\$160	\$137	1
Occupational Therapy		97003	Encounter	12	12	\$1,844	\$154	\$154	1
Occupational Therapy		97004	Encounter	114	128	\$17,260	\$151	\$135	1
Occupational or Physical Therapy		97110	15 Minutes	3	31	\$908	\$303	\$29	10
Occupational or Physical Therapy		97112	15 Minutes	1	5	\$147	\$147	\$29	5
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	11	104	\$3,049	\$277	\$29	9
Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	1	12	\$352	\$352	\$29	12
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761	15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762		0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802	15 Minutes	19	92	\$6,041	\$318	\$66	5
Assessment or Health Services		97803	15 Minutes	27	244	\$8,931	\$331	\$37	9
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0

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Additional Codes-Physician Services		99252	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	22	85	\$565	\$26	\$7	4
Transportation		A0110	Per one-way trip	157	22,034	\$172,391	\$1,098	\$8	140
Transportation		A0120		0	0	\$0	\$0	\$0	0
Transportation		A0130		0	0	\$0	\$0	\$0	0
Transportation		A0140		0	0	\$0	\$0	\$0	0
Transportation		A0170		0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	1	2	\$12	\$12	\$6	2
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428		0	0	\$0	\$0	\$0	0
General dental services		D0150		0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Peridental, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340	15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	2	2	\$1,068	\$534	\$534	1
Activity Therapy (Children's Waiver)		G0176	Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		13	93	\$6,685	\$514	\$72	7
Assessment		H0002	Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018	Days	19	109	\$42,439	\$2,234	\$389	6

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Prevention Services - Direct Model		H0025	Face to Face Contact	34	606	\$52,633	\$1,548	\$87	18
Assessment		H0031	Encounter	55	91	\$15,554	\$283	\$171	2
Treatment Planning		H0032	Encounter	256	2,954	\$336,608	\$1,315	\$114	12
Health Services		H0034	15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036	15 Minutes	48	2,157	\$126,300	\$2,631	\$59	45
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	94	2	\$70	\$1	\$35	0
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000	Encounter	123	290	\$35,486	\$289	\$122	2
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	91	764	\$52,230	\$574	\$68	8
Skill-Building and Out of Home Non Vocational Habilitation		H2014	15 minutes	270	918,643	\$3,582,708	\$13,269	\$4	3,402
Community Living Supports (15 Minutes)		H2015	15 Minutes	79	667,690	\$2,236,900	\$28,315	\$3	8,452
Community Living Supports (Daily)		H2016	Per Diem	68	15,645	\$484,995	\$7,132	\$31	230
Community Living Supports (Daily)		H2016	Per Diem	57	8,753	\$542,686	\$9,521	\$62	154
Community Living Supports (Daily)		H2016	Per Diem	134	37,131	\$4,724,975	\$35,261	\$127	277
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	54	165,841	\$660,445	\$12,230	\$4	3,071
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	20	37,795	\$95,551	\$4,778	\$3	1,890
Medication Review		M0064	Encounter Face-to-Face	2	11	\$519	\$260	\$47	6
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	0	0	\$0	\$0	\$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116	Encounter	0	0	\$0	\$0	\$0	0
Chore Services		S5120	15 Minutes	0	0	\$0	\$0	\$0	0
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151	Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	1	1	\$408	\$408	\$408	1
Enhanced Medical Equipment-Supplies		S5199	Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124	Hour	0	0	\$0	\$0	\$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	5	5	\$378	\$76	\$76	1
Health Services		S9446	Encounter	73	236	\$23,942	\$328	\$101	3
Health Services		S9470	Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	4	10	\$1,203	\$301	\$120	3

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Residential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	0
Health Services		T1000	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	81	121	\$20,582	\$254	\$170	1
Health Services		T1002	Up to 15 min	1,367	18,200	\$809,519	\$592	\$44	13
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	14	32,802	\$116,447	\$8,318	\$4	2,343
Supports Coordination/Wrap Facilitation		T1016	15 minutes	744	19,391	\$1,228,344	\$1,651	\$63	26
Targeted Case Management		T1017	15 minutes	12	246	\$11,238	\$937	\$46	21
Nursing Home Mental Health Monitoring		T1017	15 minutes	3	156	\$8,818	\$2,939	\$57	52
Personal Care in Licensed Specialized Residential Setting		T1020	Days	167	33,936	\$559,334	\$3,349	\$16	203
Personal Care in Licensed Specialized Residential Setting		T1020	Days	79	8,149	\$281,303	\$3,561	\$35	103
Personal Care in Licensed Specialized Residential Setting		T1020	Days	118	25,213	\$1,692,294	\$14,341	\$67	214
Assessments		T1023	Encounter	88	121	\$18,384	\$209	\$152	1
Enhanced Medical Supplies or Pharmacy		T1999	Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	1	145	\$11,363	\$11,363	\$78	145
Transportation		T2003	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	24	162	\$24,626	\$1,026	\$152	7
Out of Home Prevocational Service		T2015	Hour	77	5,037	\$71,653	\$931	\$14	65
Targeted Case Management (Children's Waiver)		T2023	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	26	26	\$1,899	\$73	\$73	1
Housing Assistance		T2038	Month	16	52	\$1,167	\$73	\$22	3
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				0	0	\$0	\$0	\$0	0
Other				0	0	\$0	\$0	\$0	0
Total Population and Cost				852		\$19,192,445			

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State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	1	5	\$3,720	\$3,720	\$744	5
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -BKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Ther/Proph/Diag ING, SC/IM - Children's Waiver		90772		0	0	\$0	\$0	\$0	0
Medication Administration		90782	Encounter	2	4	\$151	\$76	\$38	2
Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801	Encounter	21	21	\$4,527	\$216	\$216	1
Assessment-Psychiatric Assessment		90802	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804	Encounter 20-30 Min	3	3	\$265	\$88	\$88	1
Therapy-Individual Therapy		90805	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806	Encounter 45-50 Min	39	401	\$55,137	\$1,414	\$137	10
Therapy-Individual Therapy		90807	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808	Encounter 75-80 Min	1	1	\$271	\$271	\$271	1
Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0

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Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847	Encounter	9	30	\$4,191	\$466	\$140	3
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	3	13	\$4,374	\$1,458	\$336	4
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	126	595	\$41,565	\$330	\$70	5
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507	Encounter	1	10	\$934	\$934	\$93	10
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	1	1	\$93	\$93	\$93	1
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626	First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627	Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	17	33	\$4,310	\$254	\$131	2
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101		0	0	\$0	\$0	\$0	0
Psychological Testing by Technician (Children's Waiver)		96102		0	0	\$0	\$0	\$0	0
Psychological Testing by Comp (Children's Waiver)		96103		0	0	\$0	\$0	\$0	0
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118		0	0	\$0	\$0	\$0	0
Neuropsych test by Tech (Children's Waiver)		96119		0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp (Children's Waiver)		96120		0	0	\$0	\$0	\$0	0
Physical Therapy		97001	Encounter	21	23	\$2,821	\$134	\$123	1

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Physical Therapy		97002	Encounter	17	22	\$1,645	\$97	\$75	1
Occupational Therapy		97003	Encounter	64	83	\$39,638	\$619	\$478	1
Occupational Therapy		97004	Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110	15 Minutes	1	261	\$4,550	\$4,550	\$17	261
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124	15 Minutes	1	196	\$7,926	\$7,926	\$40	196
Occupational or Physical Therapy		97140	15 Minutes	1	78	\$6,413	\$6,413	\$82	78
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	15	52	\$1,969	\$131	\$38	3
Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761	15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762		0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Persons with Developmental Disabilities

Fiscal Year 2004-2005

State of Michigan

Sanilac Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99252	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		0	0	\$0	\$0	\$0	0
Transportation		A0130		0	0	\$0	\$0	\$0	0
Transportation		A0140		0	0	\$0	\$0	\$0	0
Transportation		A0170		0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428		0	0	\$0	\$0	\$0	0
General dental services		D0150		2	2	\$116	\$58	\$58	1
Comp periodontal evaluation		D0180	Encounter	2	2	\$113	\$57	\$57	1
Intraoral periapical		D0220		1	1	\$14	\$14	\$14	1
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		1	1	\$83	\$83	\$83	1
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		1	1	\$150	\$150	\$150	1
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Periodontal, main		D4910		29	28	\$4,599	\$159	\$164	1
Surgical removal of erupted tooth		D7210		3	16	\$2,920	\$973	\$183	5
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340	15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	0	0	\$0	\$0	\$0	0
Activity Therapy (Children's Waiver)		G0176	Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		0	0	\$0	\$0	\$0	0
Assessment		H0002	Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018	Days	1	30	\$7,102	\$7,102	\$237	30

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Persons with Developmental Disabilities

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State of Michigan

Sanilac Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Prevention Services - Direct Model		H0025	Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031	Encounter	19	21	\$8,216	\$432	\$391	1
Treatment Planning		H0032	Encounter	115	567	\$188,882	\$1,642	\$333	5
Health Services		H0034	15 Minutes	25	127	\$5,831	\$233	\$46	5
Home Based Services		H0036	15 Minutes	5	410	\$14,876	\$2,975	\$36	82
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000	Encounter	124	176	\$4,235	\$34	\$24	1
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	6	52	\$5,186	\$864	\$100	9
Skill-Building and Out of Home Non Vocational Habilitation		H2014	15 minutes	160	433,297	\$2,720,079	\$17,000	\$6	2,708
Community Living Supports (15 Minutes)		H2015	15 Minutes	154	732,507	\$2,174,081	\$14,117	\$3	4,757
Community Living Supports (Daily)		H2016	Per Diem	15	4,005	\$91,057	\$6,070	\$23	267
Community Living Supports (Daily)		H2016	Per Diem	14	2,969	\$202,372	\$14,455	\$68	212
Community Living Supports (Daily)		H2016	Per Diem	63	21,740	\$2,472,092	\$39,240	\$114	345
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	29	464	\$42,139	\$1,453	\$91	16
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	2	4,023	\$18,712	\$9,356	\$5	2,012
Medication Review		M0064	Encounter Face-to-Face	0	0	\$0	\$0	\$0	0
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	3	12	\$611	\$204	\$51	4
Home Care Training, Non-Family (Children's Waiver)		S5116	Encounter	0	0	\$0	\$0	\$0	0
Chore Services		S5120	15 Minutes	0	0	\$0	\$0	\$0	0
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151	Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199	Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124	Hour	0	0	\$0	\$0	\$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470	Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	0	0	\$0	\$0	\$0	0

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Sanilac Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Residential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	0
Health Services		T1000	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	66	72	\$31,743	\$481	\$441	1
Health Services		T1002	Up to 15 min	150	998	\$35,314	\$235	\$35	7
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	46	49,655	\$125,570	\$2,730	\$3	1,079
Supports Coordination/Wrap Facilitation		T1016	15 minutes	276	6,559	\$870,265	\$3,153	\$133	24
Targeted Case Management		T1017	15 minutes	8	149	\$12,525	\$1,566	\$84	19
Nursing Home Mental Health Monitoring		T1017	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	43	12,761	\$212,227	\$4,936	\$17	297
Personal Care in Licensed Specialized Residential Setting		T1020	Days	29	7,263	\$353,554	\$12,192	\$49	250
Personal Care in Licensed Specialized Residential Setting		T1020	Days	27	8,693	\$707,107	\$26,189	\$81	322
Assessments		T1023	Encounter	2	2	\$869	\$435	\$435	1
Enhanced Medical Supplies or Pharmacy		T1999	Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	8	39	\$24,393	\$3,049	\$625	5
Out of Home Prevocational Service		T2015	Hour	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028	Items	1	1	\$166	\$166	\$166	1
Enhanced Medical Equipment-Supplies		T2029	Items	14	50	\$4,219	\$301	\$84	4
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				0	0	\$0	\$0	\$0	0
Other				0	0	\$123,465	\$0	\$0	0
Total Population and Cost				295		\$10,649,383			

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State of Michigan
Shiawassee

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	1	361	\$165,243	\$165,243	\$458	361
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	2	23	\$15,025	\$7,513	\$653	12
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	1	4	\$1,968	\$1,968	\$492	4
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Ther/Proph/Diag ING, SC/IM - Children's Waiver		90772		0	0	\$0	\$0	\$0	0
Medication Administration	90782		Encounter	1	20	\$904	\$904	\$45	20
Medication Administration	90788		Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment	90801		Encounter	7	7	\$1,162	\$166	\$166	1
Assessment-Psychiatric Assessment	90802		Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy	90804		Encounter 20-30 Min	2	4	\$286	\$143	\$72	2
Therapy-Individual Therapy	90805		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy	90806		Encounter 45-50 Min	8	46	\$4,261	\$533	\$93	6
Therapy-Individual Therapy	90807		Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy	90808		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy	90809		Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy	90810		Encounter 20-30 Min	0	0	\$0	\$0	\$0	0

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Shiawassee Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847	Encounter	4	30	\$5,351	\$1,338	\$178	8
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	67	278	\$12,779	\$191	\$46	4
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626	First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627	Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation, Post-Lingual Hearing Loss (Children's Waiver)		92633		0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	3	5	\$865	\$288	\$173	2
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101		0	0	\$0	\$0	\$0	0
Psychological Testing by Technician (Children's Waiver)		96102		0	0	\$0	\$0	\$0	0
Psychological Testing by Comp (Children's Waiver)		96103		0	0	\$0	\$0	\$0	0
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118		0	0	\$0	\$0	\$0	0
Neuropsych test by Tech (Children's Waiver)		96119		0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp (Children's Waiver)		96120		0	0	\$0	\$0	\$0	0
Physical Therapy		97001	Encounter	0	0	\$0	\$0	\$0	0

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Shiawassee Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Physical Therapy		97002	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003	Encounter	15	15	\$9,180	\$612	\$612	1
Occupational Therapy		97004	Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761	15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762		0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		2	5	\$123	\$62	\$25	3
Additional Codes-Physician Services		99233		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0

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Shiawassee Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99252	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		0	0	\$0	\$0	\$0	0
Transportation		A0130		0	0	\$0	\$0	\$0	0
Transportation		A0140		0	0	\$0	\$0	\$0	0
Transportation		A0170		0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428		0	0	\$0	\$0	\$0	0
General dental services		D0150		0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Peridental, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340	15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	1	1	\$40	\$40	\$40	1
Activity Therapy (Children's Waiver)		G0176	Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		0	0	\$0	\$0	\$0	0
Assessment		H0002	Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018	Days	0	0	\$0	\$0	\$0	0

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Prevention Services - Direct Model		H0025	Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031	Encounter	16	16	\$3,290	\$206	\$206	1
Treatment Planning		H0032	Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034	15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036	15 Minutes	14	990	\$44,265	\$3,162	\$45	71
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	8	2,128	\$11,105	\$1,388	\$5	266
Peer Directed and Operated Support Services		NA		0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	1	70	\$4,995	\$4,995	\$71	70
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000	Encounter	24	61	\$1,973	\$82	\$32	3
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	20	72	\$4,105	\$205	\$57	4
Skill-Building and Out of Home Non Vocational Habilitation		H2014	15 minutes	114	361,357	\$1,291,507	\$11,329	\$4	3,170
Community Living Supports (15 Minutes)		H2015	15 Minutes	57	1,282,536	\$4,712,228	\$82,671	\$4	22,501
Community Living Supports (Daily)		H2016	Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	Per Diem	23	7,853	\$1,135,262	\$49,359	\$145	341
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022	Days	7	220	\$55,397	\$7,914	\$252	31
Supported Employment Services		H2023	15 minutes	51	37,542	\$238,557	\$4,678	\$6	736
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064	Encounter Face-to-Face	0	0	\$0	\$0	\$0	0
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	0	0	\$0	\$0	\$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116	Encounter	0	0	\$0	\$0	\$0	0
Chore Services		S5120	15 Minutes	0	0	\$0	\$0	\$0	0
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151	Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199	Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123	Hour	1	3,956	\$58,106	\$58,106	\$15	3,956
Private Duty Nursing	0582	S9124	Hour	0	0	\$0	\$0	\$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470	Encounter	1	1	\$112	\$112	\$112	1
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	0	0	\$0	\$0	\$0	0

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Residential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	0
Health Services		T1000	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	0	0	\$0	\$0	\$0	0
Health Services		T1002	Up to 15 min	22	60	\$1,530	\$70	\$26	3
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	14	7,832	\$32,378	\$2,313	\$4	559
Supports Coordination/Wrap Facilitation		T1016	15 minutes	180	4,332	\$279,971	\$1,555	\$65	24
Targeted Case Management		T1017	15 minutes	46	1,313	\$87,111	\$1,894	\$66	29
Nursing Home Mental Health Monitoring		T1017	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	23	7,812	\$68,760	\$2,990	\$9	340
Personal Care in Licensed Specialized Residential Setting		T1020	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	0	0	\$0	\$0	\$0	0
Assessments		T1023	Encounter	8	11	\$2,508	\$314	\$228	1
Enhanced Medical Supplies or Pharmacy		T1999	Items	33	295	\$7,159	\$217	\$24	9
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	52	6,982	\$45,780	\$880	\$7	134
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015	Hour	4	873	\$8,994	\$2,249	\$10	218
Targeted Case Management (Children's Waiver)		T2023	Month	4	28	\$6,195	\$1,549	\$221	7
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				0	0	\$0	\$0	\$0	0
Other				0	0	\$0	\$0	\$0	0
Total Population and Cost				241		\$8,318,476			

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State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	1	23	\$12,011	\$12,011	\$522	23
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	7	2,375	\$513,699	\$73,386	\$216	339
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	1	3	\$1,242	\$1,242	\$414	3
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	9	83	\$44,313	\$4,924	\$534	9
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Ther/Proph/Diag ING, SC/IM - Children's Waiver		90772		0	0	\$0	\$0	\$0	0
Medication Administration		90782	Encounter	1	4	\$155	\$155	\$39	4
Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801	Encounter	234	279	\$33,436	\$143	\$120	1
Assessment-Psychiatric Assessment		90802	Encounter	1	1	\$86	\$86	\$86	1
Therapy-Individual Therapy		90804	Encounter 20-30 Min	128	1,054	\$85,392	\$667	\$81	8
Therapy-Individual Therapy		90805	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806	Encounter 45-50 Min	106	751	\$78,384	\$739	\$104	7
Therapy-Individual Therapy		90807	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808	Encounter 75-80 Min	15	40	\$7,053	\$470	\$176	3
Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810	Encounter 20-30 Min	1	2	\$135	\$135	\$68	2

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Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847	Encounter	20	54	\$5,517	\$276	\$102	3
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	26	530	\$72,858	\$2,802	\$137	20
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	319	1,752	\$111,107	\$348	\$63	5
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506	Encounter	10	10	\$1,822	\$182	\$182	1
Speech & Language Therapy		92507	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626	First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627	Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	25	69	\$14,988	\$600	\$217	3
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101		0	0	\$0	\$0	\$0	0
Psychological Testing by Technician (Children's Waiver)		96102		0	0	\$0	\$0	\$0	0
Psychological Testing by Comp (Children's Waiver)		96103		0	0	\$0	\$0	\$0	0
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118		0	0	\$0	\$0	\$0	0
Neuropsych test by Tech (Children's Waiver)		96119		0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp (Children's Waiver)		96120		0	0	\$0	\$0	\$0	0
Physical Therapy		97001	Encounter	0	0	\$0	\$0	\$0	0

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Physical Therapy		97002	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003	Encounter	213	232	\$88,768	\$417	\$383	1
Occupational Therapy		97004	Encounter	1	1	\$180	\$180	\$180	1
Occupational or Physical Therapy		97110	15 Minutes	15	89	\$4,832	\$322	\$54	6
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150	Encounter	26	538	\$145,995	\$5,615	\$271	21
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	159	2,645	\$112,311	\$706	\$42	17
Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533	15 Minutes	68	620	\$24,479	\$360	\$39	9
Occupational or Physical Therapy		97535	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537	15 Minutes	7	37	\$340	\$49	\$9	5
Occupational or Physical Therapy		97542	15 Minutes	25	157	\$5,532	\$221	\$35	6
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761	15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762		0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0

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Additional Codes-Physician Services		99252	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		0	0	\$0	\$0	\$0	0
Transportation		A0130		0	0	\$0	\$0	\$0	0
Transportation		A0140		0	0	\$0	\$0	\$0	0
Transportation		A0170		0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428		0	0	\$0	\$0	\$0	0
General dental services		D0150		0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Peridental, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340	15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	16	25	\$18,799	\$1,175	\$752	2
Activity Therapy (Children's Waiver)		G0176	Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		0	0	\$0	\$0	\$0	0
Assessment		H0002	Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018	Days	2	12	\$1,967	\$984	\$164	6

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Prevention Services - Direct Model		H0025	Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031	Encounter	170	176	\$50,558	\$297	\$287	1
Treatment Planning		H0032	Encounter	331	822	\$228,848	\$691	\$278	2
Health Services		H0034	15 Minutes	57	558	\$23,918	\$420	\$43	10
Home Based Services		H0036	15 Minutes	31	7,473	\$203,645	\$6,569	\$27	241
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045	Per Diem	16	349	\$38,968	\$2,436	\$112	22
Behavior Management Review		H2000	Encounter	24	39	\$4,246	\$177	\$109	2
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	13	101	\$2,447	\$188	\$24	8
Skill-Building and Out of Home Non Vocational Habilitation		H2014	15 minutes	378	1,469,032	\$3,696,537	\$9,779	\$3	3,886
Community Living Supports (15 Minutes)		H2015	15 Minutes	243	536,350	\$1,901,418	\$7,825	\$4	2,207
Community Living Supports (Daily)		H2016	Per Diem	53	15,206	\$244,833	\$4,619	\$16	287
Community Living Supports (Daily)		H2016	Per Diem	6	1,466	\$74,463	\$12,411	\$51	244
Community Living Supports (Daily)		H2016	Per Diem	148	46,926	\$5,973,151	\$40,359	\$127	317
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	49	40,363	\$136,521	\$2,786	\$3	824
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	26	27,807	\$76,201	\$2,931	\$3	1,070
Medication Review		M0064	Encounter Face-to-Face	0	0	\$0	\$0	\$0	0
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	148	519	\$70,048	\$473	\$135	4
Home Care Training, Non-Family (Children's Waiver)		S5116	Encounter	0	0	\$0	\$0	\$0	0
Chore Services		S5120	15 Minutes	0	0	\$0	\$0	\$0	0
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	141	122,623	\$99,615	\$706	\$1	870
Respite		S5151	Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	5	6	\$23,760	\$4,752	\$3,960	1
Enhanced Medical Equipment-Supplies		S5199	Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124	Hour	0	0	\$0	\$0	\$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	40	514	\$36,172	\$904	\$70	13
Health Services		S9446	Encounter	12	88	\$6,340	\$528	\$72	7
Health Services		S9470	Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	0	0	\$0	\$0	\$0	0

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Residential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	0
Health Services		T1000	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	63	69	\$23,931	\$380	\$347	1
Health Services		T1002	Up to 15 min	103	916	\$66,334	\$644	\$72	9
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	156	114,840	\$491,236	\$3,149	\$4	736
Supports Coordination/Wrap Facilitation		T1016	15 minutes	911	35,863	\$2,617,051	\$2,873	\$73	39
Targeted Case Management		T1017	15 minutes	5	196	\$10,756	\$2,151	\$55	39
Nursing Home Mental Health Monitoring		T1017	15 minutes	14	562	\$30,840	\$2,203	\$55	40
Personal Care in Licensed Specialized Residential Setting		T1020	Days	138	41,073	\$411,924	\$2,985	\$10	298
Personal Care in Licensed Specialized Residential Setting		T1020	Days	49	15,305	\$875,455	\$17,866	\$57	312
Personal Care in Licensed Specialized Residential Setting		T1020	Days	23	7,220	\$697,672	\$30,334	\$97	314
Assessments		T1023	Encounter	13	16	\$7,464	\$574	\$467	1
Enhanced Medical Supplies or Pharmacy		T1999	Items	11	238	\$4,988	\$453	\$21	22
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	12	64	\$13,309	\$1,109	\$208	5
Out of Home Prevocational Service		T2015	Hour	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023	Month	3	23	\$4,617	\$1,539	\$201	8
Enhanced Medical Equipment-Supplies		T2028	Items	1	2	\$345	\$345	\$173	2
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	24	271	\$11,465	\$478	\$42	11
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				0	0	\$0	\$0	\$0	0
Other				0	0	\$0	\$0	\$0	0
Total Population and Cost				1,033		\$19,544,477			

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State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	3	643	\$138,869	\$46,290	\$216	214
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	2	6	\$2,231	\$1,116	\$372	3
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Ther/Proph/Diag ING, SC/IM - Children's Waiver		90772		0	0	\$0	\$0	\$0	0
Medication Administration		90782	Encounter	1	4	\$59	\$59	\$15	4
Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801	Encounter	12	12	\$3,169	\$264	\$264	1
Assessment-Psychiatric Assessment		90802	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90805	Encounter 20-30 Min	16	25	\$4,632	\$289	\$185	2
Therapy-Individual Therapy		90806	Encounter 45-50 Min	7	36	\$3,615	\$516	\$100	5
Therapy-Individual Therapy		90807	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0

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St. Joseph Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817	Encounter 20-30 Min	3	3	\$252	\$84	\$84	1
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	1	5	\$449	\$449	\$90	5
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	75	249	\$21,831	\$291	\$88	3
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626	First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627	Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	16	26	\$4,027	\$252	\$155	2
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101		0	0	\$0	\$0	\$0	0
Psychological Testing by Technician (Children's Waiver)		96102		0	0	\$0	\$0	\$0	0
Psychological Testing by Comp (Children's Waiver)		96103		0	0	\$0	\$0	\$0	0
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118		0	0	\$0	\$0	\$0	0
Neuropsych test by Tech (Children's Waiver)		96119		0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp (Children's Waiver)		96120		0	0	\$0	\$0	\$0	0
Physical Therapy		97001	Encounter	2	2	\$261	\$131	\$131	1

CMHSP Cost Data by Service Category

Persons with Developmental Disabilities

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St. Joseph Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Physical Therapy		97002	Encounter	7	7	\$915	\$131	\$131	1
Occupational Therapy		97003	Encounter	4	4	\$456	\$114	\$114	1
Occupational Therapy		97004	Encounter	1	1	\$114	\$114	\$114	1
Occupational or Physical Therapy		97110	15 Minutes	2	2	\$261	\$131	\$131	1
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	1	2	\$261	\$261	\$131	2
Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761	15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762		0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0

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Persons with Developmental Disabilities

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State of Michigan

St. Joseph Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99252	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		0	0	\$0	\$0	\$0	0
Transportation		A0130		0	0	\$0	\$0	\$0	0
Transportation		A0140		0	0	\$0	\$0	\$0	0
Transportation		A0170		0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428		0	0	\$0	\$0	\$0	0
General dental services		D0150		2	8	\$417	\$208	\$52	4
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220		1	1	\$93	\$93	\$93	1
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		1	1	\$57	\$57	\$57	1
Resin based comp-one surface, ant		D2330		1	2	\$229	\$229	\$115	2
Resin based comp-two surfaces, ant		D2331		1	1	\$153	\$153	\$153	1
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		1	4	\$458	\$458	\$115	4
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		1	1	\$153	\$153	\$153	1
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Peridental, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		1	8	\$10,851	\$10,851	\$1,356	8
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340	15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	0	0	\$0	\$0	\$0	0
Activity Therapy (Children's Waiver)		G0176	Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		0	0	\$0	\$0	\$0	0
Assessment		H0002	Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018	Days	0	0	\$0	\$0	\$0	0

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St. Joseph

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Prevention Services - Direct Model		H0025	Face to Face Contact	4	145	\$20,129	\$5,032	\$139	36
Assessment		H0031	Encounter	12	12	\$818	\$68	\$68	1
Treatment Planning		H0032	Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034	15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036	15 Minutes	9	649	\$25,512	\$2,835	\$39	72
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043	Per diem	5	1,374	\$76,931	\$15,386	\$56	275
Respite		H0045	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000	Encounter	17	60	\$2,240	\$132	\$37	4
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	8	62	\$4,699	\$587	\$76	8
Skill-Building and Out of Home Non Vocational Habilitation		H2014	15 minutes	92	398,510	\$842,087	\$9,153	\$2	4,332
Community Living Supports (15 Minutes)		H2015	15 Minutes	119	192,803	\$515,703	\$4,334	\$3	1,620
Community Living Supports (Daily)		H2016	Per Diem	1	42	\$1,389	\$1,389	\$33	42
Community Living Supports (Daily)		H2016	Per Diem	26	9,746	\$644,431	\$24,786	\$66	375
Community Living Supports (Daily)		H2016	Per Diem	13	3,354	\$340,189	\$26,168	\$101	258
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	13	540	\$2,113	\$163	\$4	42
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	3	5,241	\$19,533	\$6,511	\$4	1,747
Medication Review		M0064	Encounter Face-to-Face	1	1	\$34	\$34	\$34	1
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	0	0	\$0	\$0	\$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116	Encounter	0	0	\$0	\$0	\$0	0
Chore Services		S5120	15 Minutes	0	0	\$0	\$0	\$0	0
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	21	11,425	\$34,538	\$1,645	\$3	544
Respite		S5151	Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199	Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990	Encounter	1	1	\$131	\$131	\$131	1
Private Duty Nursing	0582	S9123	Hour	1	1	\$43	\$43	\$43	1
Private Duty Nursing	0582	S9124	Hour	0	0	\$0	\$0	\$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470	Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	0	0	\$0	\$0	\$0	0

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St. Joseph Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Residential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	0
Health Services		T1000	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	26	36	\$2,072	\$80	\$58	1
Health Services		T1002	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	18	19,979	\$60,398	\$3,355	\$3	1,110
Supports Coordination/Wrap Facilitation		T1016	15 minutes	172	6,252	\$315,084	\$1,832	\$50	36
Targeted Case Management		T1017	15 minutes	12	855	\$31,469	\$2,622	\$37	71
Nursing Home Mental Health Monitoring		T1017	15 minutes	1	21	\$764	\$764	\$36	21
Personal Care in Licensed Specialized Residential Setting		T1020	Days	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	10	3,535	\$233,743	\$23,374	\$66	354
Personal Care in Licensed Specialized Residential Setting		T1020	Days	31	9,607	\$966,536	\$31,179	\$101	310
Assessments		T1023	Encounter	2	3	\$413	\$207	\$138	2
Enhanced Medical Supplies or Pharmacy		T1999	Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015	Hour	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	16	96	\$3,049	\$191	\$32	6
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				0	0	\$0	\$0	\$0	0
Other				0	0	\$0	\$0	\$0	0
Total Population and Cost				203		\$4,337,859			

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Summit Pointe Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	1	74	\$34,780	\$34,780	\$470	74
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	1	365	\$70,810	\$70,810	\$194	365
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	2	12	\$8,869	\$4,435	\$739	6
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Ther/Proph/Diag ING, SC/IM - Children's Waiver		90772		0	0	\$0	\$0	\$0	0
Medication Administration		90782	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801	Encounter	27	28	\$5,117	\$190	\$183	1
Assessment-Psychiatric Assessment		90802	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804	Encounter 20-30 Min	1	1	\$86	\$86	\$86	1
Therapy-Individual Therapy		90805	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806	Encounter 45-50 Min	21	88	\$10,842	\$516	\$123	4
Therapy-Individual Therapy		90807	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0

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Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847	Encounter	7	14	\$1,947	\$278	\$139	2
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	1	8	\$124	\$124	\$16	8
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	167	506	\$48,161	\$288	\$95	3
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506	Encounter	1	1	\$122	\$122	\$122	1
Speech & Language Therapy		92507	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626	First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627	Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	13	26	\$8,584	\$660	\$330	2
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101		0	0	\$0	\$0	\$0	0
Psychological Testing by Technician (Children's Waiver)		96102		0	0	\$0	\$0	\$0	0
Psychological Testing by Comp (Children's Waiver)		96103		0	0	\$0	\$0	\$0	0
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118		0	0	\$0	\$0	\$0	0
Neuropsych test by Tech (Children's Waiver)		96119		0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp (Children's Waiver)		96120		0	0	\$0	\$0	\$0	0
Physical Therapy		97001	Encounter	0	0	\$0	\$0	\$0	0

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Physical Therapy		97002	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003	Encounter	28	67	\$4,802	\$172	\$72	2
Occupational Therapy		97004	Encounter	12	13	\$712	\$59	\$55	1
Occupational or Physical Therapy		97110	15 Minutes	9	36	\$596	\$66	\$17	4
Occupational or Physical Therapy		97112	15 Minutes	2	4	\$66	\$33	\$17	2
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	2	5	\$83	\$42	\$17	3
Occupational or Physical Therapy		97124	15 Minutes	1	2	\$33	\$33	\$17	2
Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	4	21	\$348	\$87	\$17	5
Occupational or Physical Therapy		97530	15 Minutes	5	11	\$182	\$36	\$17	2
Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533	15 Minutes	7	20	\$331	\$47	\$17	3
Occupational or Physical Therapy		97535	15 Minutes	10	27	\$447	\$45	\$17	3
Occupational or Physical Therapy		97537	15 Minutes	1	3	\$49	\$49	\$16	3
Occupational or Physical Therapy		97542	15 Minutes	11	34	\$563	\$51	\$17	3
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761	15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762		0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802	15 Minutes	1	20	\$397	\$397	\$20	20
Assessment or Health Services		97803	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	7	119	\$7,882	\$1,126	\$66	17
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	80	136	\$6,305	\$79	\$46	2
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		2	4	\$609	\$305	\$152	2
Additional Codes-Physician Services		99222		3	3	\$715	\$238	\$238	1
Additional Codes-Physician Services		99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		4	56	\$4,080	\$1,020	\$73	14
Additional Codes-Physician Services		99232		4	12	\$1,311	\$328	\$109	3
Additional Codes-Physician Services		99233		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	3	3	\$358	\$119	\$119	1
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0

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Summit Pointe Service Category	Revenue Code	HCPSC Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Additional Codes-Physician Services		99252	Encounter	2	2	\$411	\$206	\$206	1
Additional Codes-Physician Services		99253	Encounter	2	2	\$530	\$265	\$265	1
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	1	1	\$172	\$172	\$172	1
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	1	1	\$1,570	\$1,570	\$1,570	1
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		0	0	\$0	\$0	\$0	0
Transportation		A0130		0	0	\$0	\$0	\$0	0
Transportation		A0140		0	0	\$0	\$0	\$0	0
Transportation		A0170		0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428		0	0	\$0	\$0	\$0	0
General dental services		D0150		6	6	\$460	\$77	\$77	1
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220		1	1	\$28	\$28	\$28	1
Intraoral periapical		D0230		1	1	\$23	\$23	\$23	1
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		14	20	\$1,518	\$108	\$76	1
Resin based comp-one surface, ant		D2330		5	13	\$1,762	\$352	\$136	3
Resin based comp-two surfaces, ant		D2331		2	5	\$828	\$414	\$166	3
Resin based comp-three surfaces, an		D2332		1	1	\$179	\$179	\$179	1
Resin based comp-one surface, post		D2391		1	2	\$344	\$344	\$172	2
Resin based comp-two surfaces, post		D2392		1	1	\$219	\$219	\$219	1
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Peridental, main		D4910		1	1	\$132	\$132	\$132	1
Surgical removal of erupted tooth		D7210		6	11	\$3,312	\$552	\$301	2
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340	15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	0	0	\$0	\$0	\$0	0
Activity Therapy (Children's Waiver)		G0176	Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		0	0	\$0	\$0	\$0	0
Assessment		H0002	Encounter	14	14	\$2,596	\$185	\$185	1
Crisis Residential Services		H0018	Days	0	0	\$0	\$0	\$0	0

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Prevention Services - Direct Model		H0025	Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031	Encounter	0	0	\$0	\$0	\$0	0
Treatment Planning		H0032	Encounter	0	0	\$0	\$0	\$0	0
Health Services		H0034	15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036	15 Minutes	3	282	\$11,207	\$3,736	\$40	94
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		0	0	\$370,206	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	1	15	\$1,093	\$1,093	\$73	15
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000	Encounter	0	0	\$0	\$0	\$0	0
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	7	30	\$2,384	\$341	\$79	4
Skill-Building and Out of Home Non Vocational Habilitation		H2014	15 minutes	47	134,885	\$508,777	\$10,825	\$4	2,870
Community Living Supports (15 Minutes)		H2015	15 Minutes	100	321,442	\$1,647,194	\$16,472	\$5	3,214
Community Living Supports (Daily)		H2016	Per Diem	14	4,222	\$132,715	\$9,480	\$31	302
Community Living Supports (Daily)		H2016	Per Diem	47	12,378	\$878,123	\$18,683	\$71	263
Community Living Supports (Daily)		H2016	Per Diem	46	9,175	\$1,319,033	\$28,675	\$144	199
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	67	39,111	\$753,122	\$11,241	\$19	584
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064	Encounter Face-to-Face	0	0	\$0	\$0	\$0	0
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	0	0	\$0	\$0	\$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116	Encounter	0	0	\$0	\$0	\$0	0
Chore Services		S5120	15 Minutes	0	0	\$0	\$0	\$0	0
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151	Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	1	12	\$525	\$525	\$44	12
Environmental Modification		S5165	Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199	Items	4	13	\$845	\$211	\$65	3
Occupational or Physical Therapy		S8990	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124	Hour	0	0	\$0	\$0	\$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470	Encounter	1	2	\$158	\$158	\$79	2
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	0	0	\$0	\$0	\$0	0

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Residential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	0
Health Services		T1000	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	5	18	\$599	\$120	\$33	4
Health Services		T1002	Up to 15 min	2	6	\$191	\$96	\$32	3
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	71	119,468	\$219,728	\$3,095	\$2	1,683
Supports Coordination/Wrap Facilitation		T1016	15 minutes	303	6,640	\$519,415	\$1,714	\$78	22
Targeted Case Management		T1017	15 minutes	51	832	\$38,433	\$754	\$46	16
Nursing Home Mental Health Monitoring		T1017	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	45	10,888	\$228,617	\$5,080	\$21	242
Personal Care in Licensed Specialized Residential Setting		T1020	Days	28	5,877	\$387,306	\$13,832	\$66	210
Personal Care in Licensed Specialized Residential Setting		T1020	Days	30	9,011	\$1,141,991	\$38,066	\$127	300
Assessments		T1023	Encounter	0	0	\$0	\$0	\$0	0
Enhanced Medical Supplies or Pharmacy		T1999	Items	11	74	\$8,606	\$782	\$116	7
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	3	27	\$1,325	\$442	\$49	9
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015	Hour	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	6	9	\$1,572	\$262	\$175	2
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				0	0	\$0	\$0	\$0	0
Other				0	0	\$0	\$0	\$0	0
Total Population and Cost				376		\$8,406,560			

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Tuscola Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	1	365	\$78,698	\$78,698	\$216	365
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Ther/Proph/Diag ING, SC/IM - Children's Waiver		90772		0	0	\$0	\$0	\$0	0
Medication Administration		90782	Encounter	9	39	\$2,506	\$278	\$64	4
Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801	Encounter	51	52	\$18,249	\$358	\$351	1
Assessment-Psychiatric Assessment		90802	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804	Encounter 20-30 Min	1	1	\$43	\$43	\$43	1
Therapy-Individual Therapy		90805	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806	Encounter 45-50 Min	11	120	\$9,468	\$861	\$79	11
Therapy-Individual Therapy		90807	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0

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Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	4	4	\$364	\$91	\$91	1
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	105	504	\$33,058	\$315	\$66	5
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506	Encounter	28	29	\$2,900	\$104	\$100	1
Speech & Language Therapy		92507	Encounter	30	112	\$4,075	\$136	\$36	4
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626	First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627	Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	14	64	\$4,624	\$330	\$72	5
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101		0	0	\$0	\$0	\$0	0
Psychological Testing by Technician (Children's Waiver)		96102		0	0	\$0	\$0	\$0	0
Psychological Testing by Comp (Children's Waiver)		96103		0	0	\$0	\$0	\$0	0
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118		0	0	\$0	\$0	\$0	0
Neuropsych test by Tech (Children's Waiver)		96119		0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp (Children's Waiver)		96120		0	0	\$0	\$0	\$0	0
Physical Therapy		97001	Encounter	27	28	\$3,920	\$145	\$140	1

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Service Category									
Physical Therapy		97002	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003	Encounter	141	144	\$70,317	\$499	\$488	1
Occupational Therapy		97004	Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110	15 Minutes	33	445	\$13,631	\$413	\$31	13
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	161	1,987	\$115,198	\$716	\$58	12
Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761	15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762		0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802	15 Minutes	11	33	\$659	\$60	\$20	3
Assessment or Health Services		97803	15 Minutes	32	135	\$2,696	\$84	\$20	4
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	1	1	\$25	\$25	\$25	1
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	36	36	\$2,128	\$59	\$59	1
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0

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Additional Codes-Physician Services		99252	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	11	8,905	\$2,963	\$269	\$0	810
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		0	0	\$0	\$0	\$0	0
Transportation		A0130		0	0	\$0	\$0	\$0	0
Transportation		A0140		0	0	\$0	\$0	\$0	0
Transportation		A0170		0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428		0	0	\$0	\$0	\$0	0
General dental services		D0150		0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Peridental, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340	15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	0	0	\$0	\$0	\$0	0
Activity Therapy (Children's Waiver)		G0176	Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		0	0	\$0	\$0	\$0	0
Assessment		H0002	Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018	Days	1	4	\$1,943	\$1,943	\$486	4

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Service Category									
Prevention Services - Direct Model		H0025	Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031	Encounter	39	42	\$6,533	\$168	\$156	1
Treatment Planning		H0032	Encounter	153	345	\$72,534	\$474	\$210	2
Health Services		H0034	15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036	15 Minutes	2	153	\$10,905	\$5,453	\$71	77
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000	Encounter	69	211	\$13,112	\$190	\$62	3
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	12	172	\$10,501	\$875	\$61	14
Skill-Building and Out of Home Non Vocational Habilitation		H2014	15 minutes	175	594,618	\$2,810,150	\$16,058	\$5	3,398
Community Living Supports (15 Minutes)		H2015	15 Minutes	22	521,652	\$1,067,925	\$48,542	\$2	23,711
Community Living Supports (Daily)		H2016	Per Diem	28	7,263	\$110,812	\$3,958	\$15	259
Community Living Supports (Daily)		H2016	Per Diem	17	6,055	\$343,530	\$20,208	\$57	356
Community Living Supports (Daily)		H2016	Per Diem	43	13,448	\$1,453,047	\$33,792	\$108	313
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	29	8,753	\$119,478	\$4,120	\$14	302
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064	Encounter Face-to-Face	6	6	\$43	\$7	\$7	1
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	0	0	\$0	\$0	\$0	0
Home Care Training, Non-Family (Children's Waiver)		S5116	Encounter	1	4	\$256	\$256	\$64	4
Chore Services		S5120	15 Minutes	0	0	\$0	\$0	\$0	0
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	2	480	\$1,055	\$528	\$2	240
Respite		S5151	Per Diem	1	14	\$4,853	\$4,853	\$347	14
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199	Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124	Hour	0	0	\$0	\$0	\$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470	Encounter	21	21	\$4,194	\$200	\$200	1
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	0	0	\$0	\$0	\$0	0

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Residential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	0
Health Services		T1000	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	82	84	\$23,720	\$289	\$282	1
Health Services		T1002	Up to 15 min	93	1,226	\$73,539	\$791	\$60	13
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	18	17,715	\$32,883	\$1,827	\$2	984
Supports Coordination/Wrap Facilitation		T1016	15 minutes	218	5,855	\$627,432	\$2,878	\$107	27
Targeted Case Management		T1017	15 minutes	8	158	\$17,776	\$2,222	\$113	20
Nursing Home Mental Health Monitoring		T1017	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	49	16,293	\$197,719	\$4,035	\$12	333
Personal Care in Licensed Specialized Residential Setting		T1020	Days	21	7,484	\$370,531	\$17,644	\$50	356
Personal Care in Licensed Specialized Residential Setting		T1020	Days	9	2,075	\$186,417	\$20,713	\$90	231
Assessments		T1023	Encounter	3	3	\$738	\$246	\$246	1
Enhanced Medical Supplies or Pharmacy		T1999	Items	28	196	\$7,743	\$277	\$40	7
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015	Hour	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023	Month	1	12	\$6,495	\$6,495	\$541	12
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				0	0	\$0	\$0	\$0	0
Other				0	0	\$0	\$0	\$0	0
Total Population and Cost				246		\$7,941,386			

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State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	2	187	\$97,812	\$48,906	\$523	94
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	1	363	\$78,248	\$78,248	\$216	363
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	2	8	\$5,338	\$2,669	\$667	4
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Ther/Proph/Diag ING, SC/IM - Children's Waiver		90772		0	0	\$0	\$0	\$0	0
Medication Administration		90782	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801	Encounter	13	13	\$3,250	\$250	\$250	1
Assessment-Psychiatric Assessment		90802	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804	Encounter 20-30 Min	16	100	\$5,000	\$313	\$50	6
Therapy-Individual Therapy		90805	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806	Encounter 45-50 Min	14	62	\$6,200	\$443	\$100	4
Therapy-Individual Therapy		90807	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808	Encounter 75-80 Min	13	16	\$2,400	\$185	\$150	1
Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0

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Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	1	8	\$800	\$800	\$100	8
Therapy-Family Therapy		90847	Encounter	7	34	\$3,400	\$486	\$100	5
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	17	52	\$2,080	\$122	\$40	3
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	83	357	\$22,313	\$269	\$63	4
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626	First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627	Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation, Post-Lingual Hearing Loss (Children's Waiver)		92633		0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	1	3	\$300	\$300	\$100	3
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101		0	0	\$0	\$0	\$0	0
Psychological Testing by Technician (Children's Waiver)		96102		0	0	\$0	\$0	\$0	0
Psychological Testing by Comp (Children's Waiver)		96103		0	0	\$0	\$0	\$0	0
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118		0	0	\$0	\$0	\$0	0
Neuropsych test by Tech (Children's Waiver)		96119		0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp (Children's Waiver)		96120		0	0	\$0	\$0	\$0	0
Physical Therapy		97001	Encounter	0	0	\$0	\$0	\$0	0

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Physical Therapy		97002	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003	Encounter	59	62	\$4,650	\$79	\$75	1
Occupational Therapy		97004	Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	50	297	\$7,425	\$149	\$25	6
Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761	15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762		0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0

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Additional Codes-Physician Services		99252	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		0	0	\$0	\$0	\$0	0
Transportation		A0130		0	0	\$0	\$0	\$0	0
Transportation		A0140		0	0	\$0	\$0	\$0	0
Transportation		A0170		0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428		0	0	\$0	\$0	\$0	0
General dental services		D0150		0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Peridontal, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340	15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	1	1	\$114	\$114	\$114	1
Activity Therapy (Children's Waiver)		G0176	Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		0	0	\$0	\$0	\$0	0
Assessment		H0002	Encounter	7	7	\$1,050	\$150	\$150	1
Crisis Residential Services		H0018	Days	0	0	\$0	\$0	\$0	0

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Prevention Services - Direct Model		H0025	Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031	Encounter	19	19	\$2,850	\$150	\$150	1
Treatment Planning		H0032	Encounter	54	79	\$7,900	\$146	\$100	1
Health Services		H0034	15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036	15 Minutes	0	0	\$0	\$0	\$0	0
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043	Per diem	1	77	\$13,783	\$13,783	\$179	77
Respite		H0045	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000	Encounter	92	138	\$20,010	\$218	\$145	2
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	12	61	\$1,525	\$127	\$25	5
Skill-Building and Out of Home Non Vocational Habilitation		H2014	15 minutes	70	120,068	\$960,544	\$13,722	\$8	1,715
Community Living Supports (15 Minutes)		H2015	15 Minutes	111	186,767	\$992,582	\$8,942	\$5	1,683
Community Living Supports (Daily)		H2016	Per Diem	10	2,277	\$47,860	\$4,786	\$21	228
Community Living Supports (Daily)		H2016	Per Diem	17	5,015	\$252,097	\$14,829	\$50	295
Community Living Supports (Daily)		H2016	Per Diem	20	5,216	\$618,857	\$30,943	\$119	261
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	57	28,882	\$231,056	\$4,054	\$8	507
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	7	5,389	\$43,112	\$6,159	\$8	770
Medication Review		M0064	Encounter Face-to-Face	0	0	\$0	\$0	\$0	0
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	5	6	\$2,100	\$420	\$350	1
Home Care Training, Non-Family (Children's Waiver)		S5116	Encounter	0	0	\$0	\$0	\$0	0
Chore Services		S5120	15 Minutes	1	12	\$48	\$48	\$4	12
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	0	0	\$0	\$0	\$0	0
Respite		S5151	Per Diem	1	5	\$1,782	\$1,782	\$356	5
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199	Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124	Hour	0	0	\$0	\$0	\$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	2	5	\$250	\$125	\$50	3
Health Services		S9446	Encounter	2	7	\$175	\$88	\$25	4
Health Services		S9470	Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Persons with Developmental Disabilities

Fiscal Year 2004-2005

State of Michigan

Van Buren

Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Residential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	0
Health Services		T1000	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	72	74	\$5,550	\$77	\$75	1
Health Services		T1002	Up to 15 min	74	516	\$12,900	\$174	\$25	7
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	25	15,337	\$82,102	\$3,284	\$5	613
Supports Coordination/Wrap Facilitation		T1016	15 minutes	208	5,966	\$536,940	\$2,581	\$90	29
Targeted Case Management		T1017	15 minutes	8	127	\$11,430	\$1,429	\$90	16
Nursing Home Mental Health Monitoring		T1017	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	19	5,067	\$95,140	\$5,007	\$19	267
Personal Care in Licensed Specialized Residential Setting		T1020	Days	19	5,690	\$275,942	\$14,523	\$48	299
Personal Care in Licensed Specialized Residential Setting		T1020	Days	8	1,751	\$151,686	\$18,961	\$87	219
Assessments		T1023	Encounter	1	1	\$150	\$150	\$150	1
Enhanced Medical Supplies or Pharmacy		T1999	Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	1	4	\$1,104	\$1,104	\$276	4
Out of Home Prevocational Service		T2015	Hour	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023	Month	4	43	\$15,086	\$3,772	\$351	11
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				0	0	\$0	\$0	\$0	0
Other				0	0	\$0	\$0	\$0	0
Total Population and Cost				232		\$4,624,940			

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Washtenaw Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	7	1,891	\$474,301	\$67,757	\$251	270
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	9	87	\$45,123	\$5,014	\$519	10
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Ther/Proph/Diag ING, SC/IM - Children's Waiver		90772		0	0	\$0	\$0	\$0	0
Medication Administration		90782	Encounter	2	10	\$489	\$245	\$49	5
Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801	Encounter	132	169	\$46,375	\$351	\$274	1
Assessment-Psychiatric Assessment		90802	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804	Encounter 20-30 Min	14	47	\$4,926	\$352	\$105	3
Therapy-Individual Therapy		90805	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806	Encounter 45-50 Min	53	648	\$113,186	\$2,136	\$175	12
Therapy-Individual Therapy		90807	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808	Encounter 75-80 Min	1	1	\$245	\$245	\$245	1
Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0

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Washtenaw

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Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812	Encounter 45-50 Min	2	4	\$838	\$419	\$210	2
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847	Encounter	10	87	\$18,236	\$1,824	\$210	9
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	8	31	\$2,166	\$271	\$70	4
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	195	883	\$97,353	\$499	\$110	5
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507	Encounter	3	33	\$1,542	\$514	\$47	11
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	1	9	\$428	\$428	\$48	9
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626	First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627	Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	19	48	\$10,061	\$530	\$210	3
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101		0	0	\$0	\$0	\$0	0
Psychological Testing by Technician (Children's Waiver)		96102		0	0	\$0	\$0	\$0	0
Psychological Testing by Comp (Children's Waiver)		96103		0	0	\$0	\$0	\$0	0
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111	Encounter	1	1	\$873	\$873	\$873	1
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118		0	0	\$0	\$0	\$0	0
Neuropsych test by Tech (Children's Waiver)		96119		0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp (Children's Waiver)		96120		0	0	\$0	\$0	\$0	0
Physical Therapy		97001	Encounter	4	4	\$167	\$42	\$42	1

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Physical Therapy		97002	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003	Encounter	23	38	\$8,369	\$364	\$220	2
Occupational Therapy		97004	Encounter	65	182	\$30,379	\$467	\$167	3
Occupational or Physical Therapy		97110	15 Minutes	5	132	\$2,161	\$432	\$16	26
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124	15 Minutes	8	952	\$12,176	\$1,522	\$13	119
Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	8	630	\$12,858	\$1,607	\$20	79
Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761	15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762		0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802	15 Minutes	12	52	\$1,935	\$161	\$37	4
Assessment or Health Services		97803	15 Minutes	81	1,489	\$41,618	\$514	\$28	18
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0

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Additional Codes-Physician Services		99252	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	4	8	\$727	\$182	\$91	2
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		0	0	\$0	\$0	\$0	0
Transportation		A0130		0	0	\$0	\$0	\$0	0
Transportation		A0140		0	0	\$0	\$0	\$0	0
Transportation		A0170		0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428		0	0	\$0	\$0	\$0	0
General dental services		D0150		0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Peridontal, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340	15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	0	0	\$0	\$0	\$0	0
Activity Therapy (Children's Waiver)		G0176	Encounter	11	309	\$21,417	\$1,947	\$69	28
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		0	0	\$0	\$0	\$0	0
Assessment		H0002	Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018	Days	5	24	\$4,458	\$892	\$186	5

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Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Prevention Services - Direct Model		H0025	Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031	Encounter	0	0	\$0	\$0	\$0	0
Treatment Planning		H0032	Encounter	199	260	\$36,557	\$184	\$141	1
Health Services		H0034	15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036	15 Minutes	2	228	\$3,983	\$1,992	\$17	114
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000	Encounter	117	526	\$110,255	\$942	\$210	4
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	35	295	\$16,367	\$468	\$55	8
Skill-Building and Out of Home Non Vocational Habilitation		H2014	15 minutes	30	49,910	\$348,871	\$11,629	\$7	1,664
Community Living Supports (15 Minutes)		H2015	15 Minutes	163	1,345,591	\$4,666,061	\$28,626	\$3	8,255
Community Living Supports (Daily)		H2016	Per Diem	32	10,210	\$155,600	\$4,863	\$15	319
Community Living Supports (Daily)		H2016	Per Diem	25	7,741	\$408,028	\$16,321	\$53	310
Community Living Supports (Daily)		H2016	Per Diem	55	16,526	\$1,697,385	\$30,862	\$103	300
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	192	250,343	\$2,098,134	\$10,928	\$8	1,304
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	6	4,952	\$67,248	\$11,208	\$14	825
Medication Review		M0064	Encounter Face-to-Face	1	2	\$185	\$185	\$92	2
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	5	6	\$648	\$130	\$108	1
Home Care Training, Non-Family (Children's Waiver)		S5116	Encounter	0	0	\$0	\$0	\$0	0
Chore Services		S5120	15 Minutes	0	0	\$0	\$0	\$0	0
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	81	98,440	\$688,096	\$8,495	\$7	1,215
Respite		S5151	Per Diem	9	86	\$30,650	\$3,406	\$356	10
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199	Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990	Encounter	1	8	\$131	\$131	\$16	8
Private Duty Nursing	0582	S9123	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124	Hour	0	0	\$0	\$0	\$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470	Encounter	2	3	\$75	\$38	\$25	2
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	0	0	\$0	\$0	\$0	0

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Washtenaw Service Category	Revenue Code	HCPSC Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Residential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	0
Health Services		T1000	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	18	19	\$3,775	\$210	\$199	1
Health Services		T1002	Up to 15 min	205	13,431	\$286,505	\$1,398	\$21	66
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	93	124,079	\$336,991	\$3,624	\$3	1,334
Supports Coordination/Wrap Facilitation		T1016	15 minutes	602	17,609	\$2,510,977	\$4,171	\$143	29
Targeted Case Management		T1017	15 minutes	6	30	\$4,618	\$770	\$154	5
Nursing Home Mental Health Monitoring		T1017	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	32	10,489	\$197,193	\$6,162	\$19	328
Personal Care in Licensed Specialized Residential Setting		T1020	Days	24	7,847	\$425,307	\$17,721	\$54	327
Personal Care in Licensed Specialized Residential Setting		T1020	Days	45	14,215	\$1,593,644	\$35,414	\$112	316
Assessments		T1023	Encounter	18	168	\$50,867	\$2,826	\$303	9
Enhanced Medical Supplies or Pharmacy		T1999	Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	0	0	\$0	\$0	\$0	0
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	0	0	\$0	\$0	\$0	0
Out of Home Prevocational Service		T2015	Hour	101	59,390	\$1,547,110	\$15,318	\$26	588
Targeted Case Management (Children's Waiver)		T2023	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	46	341	\$87,374	\$1,899	\$256	7
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				10	0	\$7,582	\$758	\$0	0
Other				0	0	\$0	\$0	\$0	0
Total Population and Cost				684		\$18,332,624			

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West Michigan Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	2	474	\$116,457	\$58,229	\$246	237
Local Psychiatric Hospital/IMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	4	44	\$17,265	\$4,316	\$392	11
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257- 0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305- 0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Ther/Proph/Diag ING, SC/IM - Children's Waiver		90772		0	0	\$0	\$0	\$0	0
Medication Administration		90782	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801	Encounter	12	14	\$6,388	\$532	\$456	1
Assessment-Psychiatric Assessment		90802	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804	Encounter 20-30 Min	1	13	\$1,137	\$1,137	\$87	13
Therapy-Individual Therapy		90805	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806	Encounter 45-50 Min	14	127	\$22,207	\$1,586	\$175	9
Therapy-Individual Therapy		90807	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0

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Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	4	62	\$4,811	\$1,203	\$78	16
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	67	322	\$43,071	\$643	\$134	5
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	2	5	\$818	\$409	\$164	3
Speech & Language Therapy		92506	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92507	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626	First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627	Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	2	7	\$990	\$495	\$141	4
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101		0	0	\$0	\$0	\$0	0
Psychological Testing by Technician (Children's Waiver)		96102		0	0	\$0	\$0	\$0	0
Psychological Testing by Comp (Children's Waiver)		96103		0	0	\$0	\$0	\$0	0
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118		0	0	\$0	\$0	\$0	0
Neuropsych test by Tech (Children's Waiver)		96119		0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp (Children's Waiver)		96120		0	0	\$0	\$0	\$0	0
Physical Therapy		97001	Encounter	12	13	\$1,437	\$120	\$111	1

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Physical Therapy		97002	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003	Encounter	44	46	\$10,647	\$242	\$231	1
Occupational Therapy		97004	Encounter	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97110	15 Minutes	4	24	\$769	\$192	\$32	6
Occupational or Physical Therapy		97112	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97124	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140	15 Minutes	1	10	\$321	\$321	\$32	10
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97530	15 Minutes	52	536	\$26,162	\$503	\$49	10
Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97535	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761	15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762		0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803	15 Minutes	35	66	\$1,899	\$54	\$29	2
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0

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Additional Codes-Physician Services		99252	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		0	0	\$0	\$0	\$0	0
Transportation		A0130		0	0	\$0	\$0	\$0	0
Transportation		A0140		0	0	\$0	\$0	\$0	0
Transportation		A0170		0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428		0	0	\$0	\$0	\$0	0
General dental services		D0150		0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Peridental, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340	15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	0	0	\$0	\$0	\$0	0
Activity Therapy (Children's Waiver)		G0176	Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		0	0	\$0	\$0	\$0	0
Assessment		H0002	Encounter	0	0	\$0	\$0	\$0	0
Crisis Residential Services		H0018	Days	0	0	\$0	\$0	\$0	0

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Prevention Services - Direct Model		H0025	Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031	Encounter	47	58	\$14,408	\$307	\$248	1
Treatment Planning		H0032	Encounter	19	24	\$5,051	\$266	\$210	1
Health Services		H0034	15 Minutes	0	0	\$0	\$0	\$0	0
Home Based Services		H0036	15 Minutes	0	0	\$0	\$0	\$0	0
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		NA		0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000	Encounter	36	138	\$14,145	\$393	\$103	4
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	5	30	\$1,147	\$229	\$38	6
Skill-Building and Out of Home Non Vocational Habilitation		H2014	15 minutes	89	24,749	\$221,751	\$2,492	\$9	278
Community Living Supports (15 Minutes)		H2015	15 Minutes	125	127,640	\$1,098,980	\$8,792	\$9	1,021
Community Living Supports (Daily)		H2016	Per Diem	5	1,485	\$51,039	\$10,208	\$34	297
Community Living Supports (Daily)		H2016	Per Diem	1	365	\$16,582	\$16,582	\$45	365
Community Living Supports (Daily)		H2016	Per Diem	43	14,348	\$1,487,601	\$34,595	\$104	334
Behavior Services		H2019	15 Minutes	5	6	\$1,491	\$298	\$249	1
Wraparound		H2022	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	82	13,789	\$79,149	\$965	\$6	168
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	0	0	\$0	\$0	\$0	0
Medication Review		M0064	Encounter Face-to-Face	0	0	\$0	\$0	\$0	0
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	17	74	\$12,858	\$756	\$174	4
Home Care Training, Non-Family (Children's Waiver)		S5116	Encounter	1	11	\$2,106	\$2,106	\$191	11
Chore Services		S5120	15 Minutes	0	0	\$0	\$0	\$0	0
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	40	68,497	\$61,647	\$1,541	\$1	1,712
Respite		S5151	Per Diem	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		S5199	Items	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		S8990	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124	Hour	0	0	\$0	\$0	\$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470	Encounter	34	82	\$3,828	\$113	\$47	2
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	0	0	\$0	\$0	\$0	0

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Residential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	0
Health Services		T1000	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	43	45	\$6,770	\$157	\$150	1
Health Services		T1002	Up to 15 min	66	1,349	\$71,578	\$1,085	\$53	20
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	3	11,285	\$63,422	\$21,141	\$6	3,762
Supports Coordination/Wrap Facilitation		T1016	15 minutes	35	1,524	\$93,315	\$2,666	\$61	44
Targeted Case Management		T1017	15 minutes	178	9,685	\$485,315	\$2,726	\$50	54
Nursing Home Mental Health Monitoring		T1017	15 minutes	0	0	\$0	\$0	\$0	0
Personal Care in Licensed Specialized Residential Setting		T1020	Days	9	2,828	\$91,655	\$10,184	\$32	314
Personal Care in Licensed Specialized Residential Setting		T1020	Days	14	3,474	\$240,852	\$17,204	\$69	248
Personal Care in Licensed Specialized Residential Setting		T1020	Days	37	9,602	\$1,021,557	\$27,610	\$106	260
Assessments		T1023	Encounter	1	1	\$248	\$248	\$248	1
Enhanced Medical Supplies or Pharmacy		T1999	Items	1	1	\$557	\$557	\$557	1
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	66	21,293	\$106,891	\$1,620	\$5	323
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	13	13	\$15,406	\$1,185	\$1,185	1
Out of Home Prevocational Service		T2015	Hour	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023	Month	2	24	\$9,316	\$4,658	\$388	12
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	1	1	\$401	\$401	\$401	1
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				0	0	\$0	\$0	\$0	0
Other				1	0	\$610	\$610	\$0	0
Total Population and Cost				229		\$5,534,055			

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State Psychiatric Hospital - Inpatient PT22	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
State Mental Retardation Facility - Inpatient (ICF/MR) PT65	0100, 0101, 0114, 0124, 0134, 0154		Days	2	730	\$158,614	\$79,307	\$217	365
Local Psychiatric Hospital/TMD PT68	0100, 0101, 0114, 0124, 0134, 0154		Days	1	6	\$3,450	\$3,450	\$575	6
Local Psychiatric Hospital - Acute Community PT73	0100, 0101, 0114, 0124, 0134, 0154		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Room and Board	0144		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Leave of Absence	0183		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0250-0254, 0257-0258			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Medical/Surgical Supplies and Devices	0270-0272		# of items	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Laboratory	0300-0302, 0305-0307		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Radiology	0320		# of tests	0	0	\$0	\$0	\$0	0
ECT Anesthesia	0370			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Respiratory Services	0410		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -Physical Therapy	0420-0424		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Occupational Therapy	0430-0434		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Speech-Language Pathology	0440-0444		# of treatments	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Emergency Room	0450		# of visits	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pulmonary Function	0460		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Audiology	0470-0472		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Magnetic Resonance Technology (MRT)	0610-0611		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Pharmacy	0636		# of units	0	0	\$0	\$0	\$0	0
ECT Recovery Room	0710			0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services -EKG/ECG	0730-0731		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - EEG	0740		# of tests	0	0	\$0	\$0	\$0	0
Extended Observation Beds	0762		Hour	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Facility Charge	0901		Encounter	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Psychiatric/Psychological Treatments/Services	0900, 0902-0904, 0911, 0914-0919		# of visits	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0912		Days	0	0	\$0	\$0	\$0	0
Outpatient Partial Hospitalization	0913		Days	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Diagnosis Services	0925		# of tests	0	0	\$0	\$0	\$0	0
Inpatient Hospital Ancillary Services - Other Therapeutic Services	0940-0942		# of visits	0	0	\$0	\$0	\$0	0
Additional Codes-ECT Anesthesia		00104	Minutes	0	0	\$0	\$0	\$0	0
Ther/Proph/Diag ING, SC/IM - Children's Waiver		90772		0	0	\$0	\$0	\$0	0
Medication Administration		90782	Encounter	1	1	\$65	\$65	\$65	1
Medication Administration		90788	Encounter	0	0	\$0	\$0	\$0	0
Assessment-Psychiatric Assessment		90801	Encounter	8	8	\$1,904	\$238	\$238	1
Assessment-Psychiatric Assessment		90802	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90804	Encounter 20-30 Min	2	3	\$194	\$97	\$65	2
Therapy-Individual Therapy		90805	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90806	Encounter 45-50 Min	4	18	\$2,322	\$581	\$129	5
Therapy-Individual Therapy		90807	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90808	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90809	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90810	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0

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Therapy-Individual Therapy		90811	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90812	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90813	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90814	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90815	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90816	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90817	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90818	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90819	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90821	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90822	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90823	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90824	Encounter 20-30 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90826	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90827	Encounter 45-50 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90828	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Individual Therapy		90829	Encounter 75-80 Min	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90846	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90847	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Family Therapy		90849	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90853	Encounter	0	0	\$0	\$0	\$0	0
Therapy-Group Therapy		90857	Encounter	0	0	\$0	\$0	\$0	0
Medication Review		90862	Encounter	81	268	\$21,172	\$261	\$79	3
Additional Codes-ECT Physician		90870	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		90887	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92506	Encounter	4	4	\$645	\$161	\$161	1
Speech & Language Therapy		92507	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92508	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92526	Encounter	0	0	\$0	\$0	\$0	0
Speech & Language Therapy		92610	Encounter	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92626	First Hour	0	0	\$0	\$0	\$0	0
Evaluation of Auditory Rehabilitation Status (Children's Waiver)		92627	Each Additional 15 Minutes	0	0	\$0	\$0	\$0	0
Auditory Rehabilitation; Post-Lingual Hearing Loss (Children's Waiver)		92633		0	0	\$0	\$0	\$0	0
Assessments-Testing		96100	Hour	10	44	\$5,817	\$582	\$132	4
Psychological Testing PSYCH/PHYS (Children's Waiver)		96101		0	0	\$0	\$0	\$0	0
Psychological Testing by Technician (Children's Waiver)		96102		0	0	\$0	\$0	\$0	0
Psychological Testing by Comp (Children's Waiver)		96103		0	0	\$0	\$0	\$0	0
Assessments-Other		96105	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96110	Encounter	0	0	\$0	\$0	\$0	0
Assessments-Other		96111	Encounter	2	2	\$258	\$129	\$129	1
Assessments-Testing		96115	Hour	0	0	\$0	\$0	\$0	0
Neurobehavioral Status Exam (Children's Waiver)		96116		0	0	\$0	\$0	\$0	0
Assessments-Testing		96117	Hour	0	0	\$0	\$0	\$0	0
Neuropsych test by Psych/Phys (Children's Waiver)		96118		0	0	\$0	\$0	\$0	0
Neuropsych test by Tech (Children's Waiver)		96119		0	0	\$0	\$0	\$0	0
Neuropsych test Admin w/Comp (Children's Waiver)		96120		0	0	\$0	\$0	\$0	0
Physical Therapy		97001	Encounter	0	0	\$0	\$0	\$0	0

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Physical Therapy		97002	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97003	Encounter	3	3	\$516	\$172	\$172	1
Occupational Therapy		97004	Encounter	11	18	\$2,322	\$211	\$129	2
Occupational or Physical Therapy		97110	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97112	15 Minutes	1	15	\$484	\$484	\$32	15
Occupational or Physical Therapy		97113	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97116	15 Minutes	2	2	\$65	\$33	\$33	1
Occupational or Physical Therapy		97124	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97140	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97150	Encounter	0	0	\$0	\$0	\$0	0
Occupational Therapy		97504	15 Minutes	1	2	\$65	\$65	\$33	2
Occupational or Physical Therapy		97530	15 Minutes	5	10	\$323	\$65	\$32	2
Occupational or Physical Therapy		97532	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97533	15 Minutes	5	43	\$1,387	\$277	\$32	9
Occupational or Physical Therapy		97535	15 Minutes	1	20	\$645	\$645	\$32	20
Occupational or Physical Therapy		97537	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational or Physical Therapy		97542	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97703	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97750	15 Minutes	0	0	\$0	\$0	\$0	0
Occupational Therapy		97755	15 Minutes	0	0	\$0	\$0	\$0	0
Prosthetic Training (Children's Waiver)		97761	15 Minutes	0	0	\$0	\$0	\$0	0
C/O for Orthotic/Prosth Use (Children's Waiver)		97762		0	0	\$0	\$0	\$0	0
Assessment or Health Services		97802	15 Minutes	0	0	\$0	\$0	\$0	0
Assessment or Health Services		97803	15 Minutes	0	0	\$0	\$0	\$0	0
Health Services		97804	30 Minutes	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99201	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99202	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99203	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99204	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99205	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99211	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99212	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99213	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99214	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99215	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99221		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99222		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99223		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99231		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99232		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99233		0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99238	30 Minutes or less	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99241	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99242	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99243	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99244	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99245	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99251	Encounter	0	0	\$0	\$0	\$0	0

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Additional Codes-Physician Services		99252	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99253	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99254	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99255	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99261	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99262	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99263	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99271	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99272	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99273	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99274	Encounter	0	0	\$0	\$0	\$0	0
Additional Codes-Physician Services		99275	Encounter	0	0	\$0	\$0	\$0	0
Medication Administration		99506	Encounter	0	0	\$0	\$0	\$0	0
Transportation		A0080	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0090	Per mile	0	0	\$0	\$0	\$0	0
Transportation		A0100	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0110	Per one-way trip	0	0	\$0	\$0	\$0	0
Transportation		A0120		0	0	\$0	\$0	\$0	0
Transportation		A0130		0	0	\$0	\$0	\$0	0
Transportation		A0140		0	0	\$0	\$0	\$0	0
Transportation		A0170		0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0425	Per Mile	0	0	\$0	\$0	\$0	0
Additional Codes-Transportation		A0427	Refer to Code Descriptions	0	0	\$0	\$0	\$0	0
Additional codes - Transportation		A0428		0	0	\$0	\$0	\$0	0
General dental services		D0150		0	0	\$0	\$0	\$0	0
Comp periodontal evaluation		D0180	Encounter	0	0	\$0	\$0	\$0	0
Intraoral periapical		D0220		0	0	\$0	\$0	\$0	0
Intraoral periapical		D0230		0	0	\$0	\$0	\$0	0
Bitewings		D0274		0	0	\$0	\$0	\$0	0
Prophylaxis Adult		D1110		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, ant		D2330		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, ant		D2331		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, an		D2332		0	0	\$0	\$0	\$0	0
Resin based comp-one surface, post		D2391		0	0	\$0	\$0	\$0	0
Resin based comp-two surfaces, post		D2392		0	0	\$0	\$0	\$0	0
Resin based comp-three surfaces, post		D2393		0	0	\$0	\$0	\$0	0
Crown, porc, fused to high		D2750		0	0	\$0	\$0	\$0	0
Peridental, main		D4910		0	0	\$0	\$0	\$0	0
Surgical removal of erupted tooth		D7210		0	0	\$0	\$0	\$0	0
Alveoloplasty in conjunction with extractions, per quadrant		D7310		0	0	\$0	\$0	\$0	0
Behavior Management/dental, by report		D9920		0	0	\$0	\$0	\$0	0
Repair or Non-Routine Service for DME (Children's Waiver)		E1340	15 Minutes	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		E1399	Items	0	0	\$0	\$0	\$0	0
Activity Therapy (Children's Waiver)		G0176	Encounter	0	0	\$0	\$0	\$0	0
Family Training/Support EBP only		G0177	Encounter	0	0	\$0	\$0	\$0	0
Medication administration		G0351		0	0	\$0	\$0	\$0	0
Assessment		H0002	Encounter	23	23	\$2,967	\$129	\$129	1
Crisis Residential Services		H0018	Days	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

Persons with Developmental Disabilities

Fiscal Year 2004-2005

State of Michigan

Woodlands Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Prevention Services - Direct Model		H0025	Face to Face Contact	0	0	\$0	\$0	\$0	0
Assessment		H0031	Encounter	6	15	\$7,353	\$1,226	\$490	3
Treatment Planning		H0032	Encounter	20	29	\$3,741	\$187	\$129	1
Health Services		H0034	15 Minutes	53	67	\$2,967	\$56	\$44	1
Home Based Services		H0036	15 Minutes	0	0	\$0	\$0	\$0	0
Community Psychiatric Supportive Treatment		H0037	Per diem	0	0	\$0	\$0	\$0	0
Peer Directed and Operated Support Services		H0038	15 minutes	6	207	\$1,449	\$242	\$7	35
Peer Directed and Operated Support Services		NA		0	0	\$0	\$0	\$0	0
Assertive Community Treatment (ACT)		H0039	15 Minutes	0	0	\$0	\$0	\$0	0
Community Living Supports in Independent living/own home		H0043	Per diem	0	0	\$0	\$0	\$0	0
Respite		H0045	Per Diem	0	0	\$0	\$0	\$0	0
Behavior Management Review		H2000	Encounter	10	24	\$5,856	\$586	\$244	2
Comprehensive Medication Services - EBP only		H2010	15 minutes	0	0	\$0	\$0	\$0	0
Crisis Intervention-Non-enrolled Service		H2011	15 Minutes	7	46	\$2,737	\$391	\$60	7
Skill-Building and Out of Home Non Vocational Habilitation		H2014	15 minutes	65	46,267	\$266,035	\$4,093	\$6	712
Community Living Supports (15 Minutes)		H2015	15 Minutes	119	241,083	\$1,145,144	\$9,623	\$5	2,026
Community Living Supports (Daily)		H2016	Per Diem	0	0	\$0	\$0	\$0	0
Community Living Supports (Daily)		H2016	Per Diem	4	995	\$59,899	\$14,975	\$60	249
Community Living Supports (Daily)		H2016	Per Diem	26	8,408	\$971,124	\$37,351	\$116	323
Behavior Services		H2019	15 Minutes	0	0	\$0	\$0	\$0	0
Wraparound		H2022	Days	0	0	\$0	\$0	\$0	0
Supported Employment Services		H2023	15 minutes	34	1,958	\$60,698	\$1,785	\$31	58
Mental Health Therapy		H2027	15 Minutes	0	0	\$0	\$0	\$0	0
Clubhouse Psychosocial Rehabilitation Programs		H2030	15 Minutes	11	14,983	\$48,695	\$4,427	\$3	1,362
Medication Review		M0064	Encounter Face-to-Face	1	1	\$79	\$79	\$79	1
Transportation		S0209	Per Mile	0	0	\$0	\$0	\$0	0
Transportation		S0215	Per Mile	0	0	\$0	\$0	\$0	0
Family Training		S5110	15 Minutes	0	0	\$0	\$0	\$0	0
Family Training		S5111	Encounter	11	81	\$10,449	\$950	\$129	7
Home Care Training, Non-Family (Children's Waiver)		S5116	Encounter	4	105	\$13,545	\$3,386	\$129	26
Chore Services		S5120	15 Minutes	0	0	\$0	\$0	\$0	0
Foster Care		S5140	Days	0	0	\$0	\$0	\$0	0
Foster Care		S5145	Days	0	0	\$0	\$0	\$0	0
Respite		S5150	15 Minutes	1	168	\$672	\$672	\$4	168
Respite		S5151	Per Diem	1	1	\$96	\$96	\$96	1
Personal Emergency Response System (PERS)		S5160	Encounter	0	0	\$0	\$0	\$0	0
Personal Emergency Response System (PERS)		S5161	Month	0	0	\$0	\$0	\$0	0
Environmental Modification		S5165	Service	1	1	\$1,500	\$1,500	\$1,500	1
Enhanced Medical Equipment-Supplies		S5199	Items	3	10	\$2,226	\$742	\$223	3
Occupational or Physical Therapy		S8990	Encounter	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9123	Hour	0	0	\$0	\$0	\$0	0
Private Duty Nursing	0582	S9124	Hour	0	0	\$0	\$0	\$0	0
Respite Care in the Home (RN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Respite Care in the Home (LPN) (Children's Waiver)		S9125	Per Diem	0	0	\$0	\$0	\$0	0
Health Services		S9445	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9446	Encounter	0	0	\$0	\$0	\$0	0
Health Services		S9470	Encounter	0	0	\$0	\$0	\$0	0
Intensive Crisis Stabilization-Enrolled Program		S9484	Hour	0	0	\$0	\$0	\$0	0

CMHSP Cost Data by Service Category

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Fiscal Year 2004-2005

State of Michigan

Woodlands									
Service Category	Revenue Code	HCPCS Code	Unit Measure	Cases	Units	Cost	Cost/Case	Cost/Unit	Unit/Case
Reidential Room and Board		S9976	Days	0	0	\$0	\$0	\$0	0
Health Services		T1000	Up to 15 min	0	0	\$0	\$0	\$0	0
Assessment		T1001	Encounter	6	7	\$903	\$151	\$129	1
Health Services		T1002	Up to 15 min	7	89	\$4,289	\$613	\$48	13
Health Services		T1003	Up to 15 min	0	0	\$0	\$0	\$0	0
Health Services		T1005	15 minutes	26	23,893	\$76,458	\$2,941	\$3	919
Supports Coordination/Wrap Facilitation		T1016	15 minutes	25	464	\$27,608	\$1,104	\$60	19
Targeted Case Management		T1017	15 minutes	144	4,342	\$258,349	\$1,794	\$60	30
Nursing Home Mental Health Monitoring		T1017	15 minutes	1	4	\$238	\$238	\$60	4
Personal Care in Licensed Specialized Residential Setting		T1020	Days	12	3,423	\$102,602	\$8,550	\$30	285
Personal Care in Licensed Specialized Residential Setting		T1020	Days	14	4,627	\$239,927	\$17,138	\$52	331
Personal Care in Licensed Specialized Residential Setting		T1020	Days	5	1,325	\$121,463	\$24,293	\$92	265
Assessments		T1023	Encounter	1	1	\$129	\$129	\$129	1
Enhanced Medical Supplies or Pharmacy		T1999	Items	0	0	\$0	\$0	\$0	0
Transportation		T2001		0	0	\$0	\$0	\$0	0
Transportation		T2002	Per Diem	0	0	\$0	\$0	\$0	0
Transportation		T2003	Encounter / Trip	1	7	\$136	\$136	\$19	7
Transportation		T2004		0	0	\$0	\$0	\$0	0
Transportation		T2005		0	0	\$0	\$0	\$0	0
PASRR Level II Screens		T2011	Evaluation	6	6	\$622	\$104	\$104	1
Out of Home Prevocational Service		T2015	Hour	0	0	\$0	\$0	\$0	0
Targeted Case Management (Children's Waiver)		T2023	Month	4	2,204	\$9,607	\$2,402	\$4	551
Enhanced Medical Equipment-Supplies		T2028	Items	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2029	Items	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2036	Encounter / Trip	0	0	\$0	\$0	\$0	0
Community Living Supports-Therapeutic Camping		T2037	Encounter / Trip	0	0	\$0	\$0	\$0	0
Housing Assistance		T2038	Month	0	0	\$0	\$0	\$0	0
Enhanced Medical Equipment-Supplies		T2039	Items	0	0	\$0	\$0	\$0	0
Pharmacy (Drugs and Other Biologicals)				0	0	\$0	\$0	\$0	0
Other				0	0	\$0	\$0	\$0	0
Total Population and Cost				180		\$3,649,811			